

**Missouri Department of Health
and Senior Services**

**Summer Food Service
Program**



**Training 2006
New Sponsors and
New SFSP Personnel**

Community Food and Nutrition Assistance

P.O. Box 570

Jefferson City, MO 65102-0570

888-435-1464

FAX: 573-526-3679

Relay Missouri for Hearing & Speech Impaired 1-800-735-2966

<http://www.dhss.mo.gov/sfsp>

Community Food and Nutrition Assistance

**Central Office
P.O. Box 570
Jefferson City, MO 65102-0570
888-435-1464
Fax: 573-526-3679
Contact: Susan Frieze**

**Northwestern District Health Office
3717 South Whitney Avenue
Independence, MO 64055
Contact: Dana Troxel, RD, LD**

**Southeast Area Health Office
Cape Girardeau Area Health Office
710 Southern Expressway, Suite B
Cape Girardeau, MO 63703
Contact: Debra Skinner, RD**

**Southwest District Health Office
1414 West Elfindale
Springfield, MO 65801
Contact: Susan Barr**

**Eastern District Health Office
220 South Jefferson
St. Louis, MO 63103
Contacts: Karla Diongue
Tracy Reese-Okosi**

Administered by the Missouri Department of Health and Senior Services, P.O.
Box 570, Jefferson City, MO 65102

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Training Agenda

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Enrolled Sites Only - Income Eligibility Forms

This workbook and a copy of the power point presentation are available under "Laws, Regulations and Manuals" in the left sidebar at

<http://www.dhss.mo.gov/sfsp/>

Summer Food Service Program Resources

Summer Food Service Program guidelines, applications, forms and resources are available on the Missouri Department of Health and Senior Services website, <http://www.dhss.mo.gov/sfsp/>. The left side bar choices are available on all pages.

Following is a description of what appears when you click on each topic.

[Home](#) – provides a description of the Missouri Summer Food Service Program and links to the USDA Summer Food Service Program site.

[SFSP Orientation Trainings](#) – provides dates, times, locations and registrations information.

[SFSP Sponsors](#) – opens a pdf document listing SFSP sponsors by county.

[SFSP Web Log On Screen](#) – opens a separate window with the log on screen for submitting SFSP applications and claims on line.

[Summer Feeding Program \(Env\) Guidelines for Inspectors](#) – is a resource for environmental inspectors who conduct site visits or 80% of SFSP sites.

[Publications](#) – provides links to bookmarks, business cards, flyers, tip sheets and other items designed for SFSP outreach.

[Related Links](#) – provides links to pertinent external websites.

[Laws, Regulations & Manuals](#) – provides links to SFSP guidelines, rules and regulations. Resources are updated no later than May 1st each year for the current year program. The 2006 SFSP Training Workbooks for new and prior sponsors are now available at this site.

[Frequently Asked Questions](#) – provides the answers to frequently asked questions about the Missouri Summer Food Service Program.

[Applications & Forms](#) – provides links to the SFSP application packet and forms. Applications are updated no later than February 1st each year for the current year program.

[Contact us](#) – provides the address and phone numbers to contact Summer Food Service Program staff.

[USDA Non-Discrimination Statement](#) – provides the mandatory USDA non-discrimination statement in English and Spanish. All publications discussing the SFSP must include this statement. This statement was revised in September 2005. Make sure all publications include the current version.

School Data

Nowhere School District
P.O. Box 9999
Nowhere, MO

The following are school enrollment figures and the number of children in each school eligible for free or reduced school meals:

Free/Reduced	Total Enrollment	Eligible
Nowhere Elementary	475	382
Nowhere Junior High	230	124
Nowhere High School	<u>310</u>	<u>130</u>
Total	1015	636

Sincerely,

Ed U. Cates
Superintendent

Recordkeeping Checklist

All forms are available on the web at <http://www.dhss.mo.gov/sfsp/Forms.html> and/or in the various manuals found at <http://www.dhss.mo.gov/sfsp/Laws.html>.

- ☐ [Menus](#)
- ☐ [Food Production Records](#)
- ☐ [Inventory Records](#)
- ☐ [Daily Meal Count Records](#) (Special one [for camps](#))
- ☐ Meal Count Consolidation Records ([weekly](#) and [monthly](#) options)
- ☐ Documentation of Site Monitoring ([Pre-operational](#), [1st & 4th week self-preparation sites](#) and [1st & 4th week vended sites](#))
- ☐ [Training Documentation](#)
- ☐ Documentation of Operating Costs (Special form [for labor costs](#))
- ☐ [Documentation of Administrative Costs](#) (Special form [for mileage](#))
- ☐ Records of Program Income
- ☐ [Income Eligibility Forms](#)T
- ☐ Miscellaneous Documentation
 - Copies of SFSP contract
 - Copy of the application
 - A site information sheet for each site
 - Site eligibility documentation
 - Sanitation and health inspection reports
 - Copy of press release submitted to the media (if applicable)
 - Tax exempt letter (for private non-profit sponsors)
 - Sponsor/Site Agreement (if applicable)
 - Food service contract or agreement with local food authority (if applicable)
 - Bid procedures (if applicable)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUMMER FOOD SERVICE PROGRAM

Menu – Meal Requirements

Name of Sponsor					
Name of Site				Week of	
Year					
Breakfast	Monday	Tuesday	Wednesday	Thursday	Friday
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Other Foods					
Snack <i>Serve 2 of 4 components</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Meat or Meat Alternate					
Other foods					
Lunch					
Fluid Milk					
Fruit and/or Vegetable <i>2 servings</i>					
Grain/Bread					
Meat or Meat Alternate					
Other Foods					

Minimum Requirements
for ages 6-18 years:

Milk – 8 oz. or 1 cup

Fruit / Vegetable – $\frac{3}{4}$ cup total
(must serve at least 2 different varieties)

Meat/meat alternate – 2 oz.

Bread/Grain – 1 slice or equivalent

Hot Lunch Menus from SFSP Sponsors 1999

Milk Oranges Carrot sticks Pizza HM Rice Krispie Cookie*	Chocolate Milk Apple slices Green beans French fries Hamburger Bun	Milk Fruit Cocktail Peas Fish sticks (CN) Mac & Cheese Cupcake*	Milk Oranges Celery sticks Chili dog Bun Cake*	Chocolate Milk Pineapple Corn Taco Pie (Chips in pie)
Chocolate Milk 1% Peach halves Peas Sloppy Joe Bun Cookies*	Chocolate Milk Slices apples + peanut butter Tossed salad Spaghetti + Meat sauce Bread stick Ice Cream*	Milk Watermelon Baked potato BBQ Beef Corn-dusted roll Rice Krispie treat*	Milk Grapes Salad Ham & Beans Cornbread	Milk Apple Vegetable soup Grilled cheese sandwich
Milk Oranges Oven Fries Shrimp poppers CN Cornbread Dirt cake*	Milk Peaches Broccoli Fried chicken Rolls	Milk Fresh fruit Corn Cheeseburger Bun Cookies*	Milk Mixed fruit Green beans Corn dog CN Nachos + cheese	Milk Melon Green peas Chicken 'n Dumplings HM (or noodles) Roll Fruit cobbler*
Milk Applesauce Curly Fries BBQ Rib Bun Ice cream cup*	Milk Mixed fruit cup Broccoli Quick baked potato Oven baked chicken Bread	Milk Grapes Celery sticks Burrito Nachos + cheese	Milk Apple crisp Mashed potatoes Meatloaf Bread	Milk Mixed fruit cup Tomato soup Grilled ham/cheese Bread Gelatin*

Hot Lunch Menus from SFSP Sponsors 1999

Milk Banana Oven fries Chicken Patty Bun Boo Pop – ¼ C. juice	Milk Peaches Peas Roast Beef Bun or bread	Milk Pineapple slices Corn on the cob Hamburger / bun Macaroni salad	Milk Apples Green beans Chicken nuggets Pretzels – baked BBQ dipping sauce	Chocolate milk Pears Oven fries Pigs in a Blanket HM
Milk Fruit cocktail Oven French fries Turkey hot dog Bun Chocolate Pudding*	Milk Banana Corn Taco – beef, lettuce, tomato, cheese Shell	Milk Watermelon Salad Pizza HM Cookie*	Milk Peaches Green beans Lasagna Texas Toast	Chocolate Milk Strawberries Mashed potatoes Chicken nuggets CN Hot rolls Slaw
Chocolate Milk 1% Peaches Mashed potatoes Carrots Chicken and noodles	Chocolate Milk Pineapple Tater tots Peas Corn dogs CN Pudding*	Milk Cantaloupe Carrots / Celery Pizza Round – English muffin, cheese & pepperoni	Milk Strawberries Corn Refried beans + cheese Nacho chips	Milk Gelatin w/fruit Green beans Fish nuggets CN Macaroni & cheese
Milk Pineapple Tidbits Mashed potatoes Turkey roast Bread Banana pudding*	Milk Sliced peaches Baked beans Hot dog Bun Oatmeal cookie*	Milk Mandarin oranges Mixed vegetables Cashew chicken Rice Orange sherbet* Fortune cookie*	Milk Watermelon Au gratin potatoes Chicken Bread Cookie*	Milk Apple crisp Green beans Ground turkey Spaghetti / sauce Roll

Cold Lunch Menus from SFSP Sponsors 1999

Milk Apple Mixed vegetable sticks Club sandwich (bread) Ranch Dressing	Chocolate Milk 1% Mixed fruit cup Blueberry hello made with 100% juice Ham + cheese Crackers Oatmeal cookies*	Milk Applesauce Lettuce, tomato Sub sandwich: Ham, turkey, cheese Bread Chips*	Milk Banana Mixed veggie sticks Bologna Bread Ranch dressing	Milk Melon Salad (lettuce) Chicken salad HM Saltine or wheat crackers Ranch dressing
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Cold Lunch Menus from SFSP Sponsors 1999

Chocolate Milk 1% Peach Carrot sticks Turkey, ham, cheese Croissant	Chocolate Milk Applesauce Celery / Peanut butter Turkey / cheese Bread Ice cream*	Milk Orange sections Salad + dressing Sub sandwich (meat + cheese) Hoagie bun Cookie*	Milk Watermelon Tomato wedges Tuna salad Bread, bun or wheat crackers Chips	Milk Mixed Fruit Tossed salad Turkey/ham/cheese Bread Apple crisp* Pickle spear*
Milk Banana Carrots + dip Turkey or ham + cheese sandwich (bread) Fritos	Milk Grapes Salad / dressing Deli sandwiches (meat + cheese) Bread or bun Peanut butter bar*	Chocolate Milk Watermelon Fresh Broccoli Fruit yogurt Peanut butter / jelly sandwich Cookie*	Milk Apple Carrot sticks Turkey Swiss cheese Bagel	Milk Pineapple chunks Lettuce / tomato Chicken or tuna salad HM Pita pocket

Minimum Requirements
for ages 6-18 years:

Milk – 8 oz. or 1 cup

Juice / Fruit / Vegetable – 1/2 cup total

Bread/Grain – 1 slice or equivalent

Breakfast Menus from SFSP Sponsors 1999

Milk Mixed fruit cup Apple cinnamon load	Milk Orange juice Frosted Flakes	Milk Chunky Applesauce Peanut butter & jelly Granola bar	Milk Juice Cereal Toast + jelly	Chocolate Milk Juice Waffles
Chocolate Milk 1% Juice Biscuits and Gravy	Chocolate Milk Juice Sausage Pancakes Syrup / margarine	Milk Orange wedges Breakfast pizza	Milk Juice Blueberry muffin	Milk Juice Sausage / egg Biscuit
Milk Juice Sausage French toast sticks	Milk Juice Scrambled eggs Biscuit Margarine / jelly	Milk Fresh fruit Cereal Yogurt	Milk Juice Pancakes Bacon	Milk Juice Banana muffin



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUMMER FOOD SERVICE PROGRAM
Food Production Record

Sponsor:	Site Name:
Date:	

Breakfast

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

Lunch/Supper

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Meat/Alternate									
Fruit/Vegetable									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

Snack (Serve Two of Four Components)

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Meat/Alternate									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

At a minimum, columns B, D, F, and H must be completed.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUMMER FOOD SERVICE PROGRAM

Daily Meal Count Form

Name of Site:		Date:	
Meal: (circle one)			
Breakfast	A.M. Snack	Lunch	P.M. Snack Supper
Site Supervisor:	Delivery Time: Number Delivered:	Meal Service Time: Begin: End:	

First Meals Served:

1 9 17 25 33 41 49 57 65 73 81 89 97 105 113 121 129 137 145 153 161 169 177 185
2 10 18 26 34 42 50 58 66 74 82 90 98 106 114 122 130 138 146 154 162 170 178 186
3 11 19 27 35 43 51 59 67 75 83 91 99 107 115 123 131 139 147 155 163 171 179 187
4 12 20 28 36 44 52 60 68 76 84 92 100 108 116 124 132 140 148 156 164 172 180 188
5 13 21 29 37 45 53 61 69 77 85 93 101 109 117 125 133 141 149 157 165 173 181 189
6 14 22 30 38 46 54 62 70 78 86 94 102 110 118 126 134 142 150 158 166 174 182 190
7 15 23 31 39 47 55 63 71 79 87 95 103 111 119 127 135 143 151 159 167 175 183 191
8 16 24 32 40 48 56 64 72 80 88 96 104 112 120 128 136 144 152 160 168 176 184 192

(you may use the back to continue counting if needed)

Total First Meals _____

Second Meals Served:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Total Second Meals _____

Meals to Program Adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Total Program Adult Meals _____

Meals to Non-Program (paying) Adults:

1 2 3 4 5 6 7 8 9 10 11 12 13 14

Total Non-Program Adult Meals _____

Total Meals Served _____

Total Damaged/Disallowed Meals _____

Total Leftover Meals _____

Income from Adult Meals _____

Unopened milk cartons

returned to inventory _____

Signature of Authorized Representative:	Date:
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SUMMER FOOD SERVICE PROGRAM

Daily Meal Count Form

Name of Site: <i>ABC Elementary School</i>		Date: <i>6-16-2005</i>
Meal: (circle one) <u>Breakfast</u> A.M. Snack Lunch P.M. Snack Supper		
Site Supervisor: <i>John Doe</i>	Delivery Time: Number Delivered:	Meal Service Time: Begin: End:

First Meals Served:

1	9	17	25	33	41	49	57	65	73	81	89	97	105	113	121	129	137	145	153	161	169	177	185
2	10	18	26	34	42	50	58	66	74	82	90	98	106	114	122	130	138	146	154	162	170	178	186
3	11	19	27	35	43	51	59	67	75	83	91	99	107	115	123	131	139	147	155	163	171	179	187
4	12	20	28	36	44	52	60	68	76	84	92	100	108	116	124	132	140	148	156	164	172	180	188
5	13	21	29	37	45	53	61	69	77	85	93	101	109	117	125	133	141	149	157	165	173	181	189
6	14	22	30	38	46	54	62	70	78	86	94	102	110	118	126	134	142	150	158	166	174	182	190
7	15	23	31	39	47	55	63	71	79	87	95	103	111	119	127	135	143	151	159	167	175	183	191
8	16	24	32	40	48	56	64	72	80	88	96	104	112	120	128	136	144	152	160	168	176	184	192

(you may use the back to continue counting if needed)

Total First Meals 42

Second Meals Served:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
--------------	--------------	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Total Second Meals 2

Meals to Program Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Total Program Adult Meals 0

Meals to Non-Program (paying) Adults:

1	2	3	4	5	6	7	8	9	10	11	12	13	14
---	---	---	---	---	---	---	---	---	----	----	----	----	----

Total Non-Program Adult Meals 0

Total Meals Served 44

Total Damaged/Disallowed Meals 1

Total Leftover Meals 5

Income from Adult Meals 0

Unopened milk cartons

returned to inventory 10

Signature of Authorized Representative:	Date:
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM

WEEKLY CONSOLIDATED MEAL COUNT

Site Name and Address:													Week of:					
	Monday			Tuesday			Wednesday			Thursday			Friday			Weekly Totals		
	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack
Number of Meals Ordered																		
Meals Received or Prepared																		
Meals Leftover from the Previous Day																		
First Meals Served to Participants																		
Second Meals Served to Participants																		
Meals Served to Program Adults																		
Meals Served to Non-Program Adults																		
Total Meals Served																		
Total Damaged/Incomplete Meals																		
Total Meals Leftover																		
Income from Adult Meals																		
Comments																		

Meal Count – Monthly Consolidation Form
Claim Period _____ - _____

Site		Breakfast		Lunch		Snack		Supper	
		1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
TOTAL									
Meal Type	(A) Total 1st Meals Served	(B) Total 2nd Meals Served	(C) 2nd Meal Limitation (.02 x A)	(D) Allowable 2nd Meals - Lesser of (B) or (C)	(E) Allowable Total Meals (A) + (D)				
Breakfast									
Lunch									
Snack									
Supper									

Consolidated Meal Count Record – Weekly or Monthly?

SPONSORS ARE REQUIRED TO COMPLETE ONE OF THESE TWO FORMS.

It is recommended that sponsors with single sites use the weekly consolidated meal count record on page 16. The monthly consolidated meal count record on page 17 is useful for totaling multiple sites. These tools will help you calculate total meals served to report on your claim for reimbursement.

Site monitoring forms

- Pre-operational Site Review (Workbook page 19)
Use this form to document pre-operational reviews of all new or problem sites.
- 1st and 4th week Monitor Site Review Form (Workbook page 20 – 21)
Sponsors are required to monitor all of their sites and to document the results on this two-page form. Don't forget to complete both sides of the form, including the racial/ethnic information.

Site monitoring reviews must include a review of food service operations, including ordering, preparation and holding procedures, the actual meal service, site recordkeeping and Civil Rights compliance. Additional monitoring may need to be conducted to ensure smooth operations. If problems are noted at the site, you must document the corrective action taken.

For more information refer to the [Monitor's Guide](#) available under “Laws, Regulations and Manuals” at <http://www.dhss.mo.gov/sfsp/>.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM

Pre-Operational Site Review

Site Selection Worksheet

Sponsor Name and Address				
Site Address				
Site Phone Number			Person to contact for use of site	
Type of Site <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Recreation Center <input type="checkbox"/> Playground <input type="checkbox"/> Residential Camp </div> <div style="width: 30%;"> <input type="checkbox"/> Open <input type="checkbox"/> School <input type="checkbox"/> Settlement House <input type="checkbox"/> Playstreet </div> <div style="width: 30%;"> <input type="checkbox"/> Enrolled <input type="checkbox"/> Church <input type="checkbox"/> Park <input type="checkbox"/> Other </div> </div>				
Estimated number of participants the site could serve			Estimated number of needy participants in the area	
Estimated number of supervisory personnel needed to adequately control food service				
Does the site have:	Yes	No	NA	Comments
A shelter or alternate site for inclement weather?				
Handwashing facilities for the food handlers and participants?				
Adequate refrigeration for the storage of meals?				
Adequate cooking facilities for the preparation of meals, if applicable?				
A place to store prepared or delivered food to maintain appropriate food temperatures?				
Is another site needed in this area?				
Are present facilities adequate for an organized meal service?				
If no, explain				
What types of organized activities are possible or planned at this site?				
Signature of Authorized Representative				Date

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM

Monitor Site Review Form (For Self-Preparation Sites)

1st Week Review

4th Week Review

(Circle One)

Name of Sponsor				Name of Site			
Date of Review				Site Supervisor			
Dates of Site Operation		Beginning Date		Ending Date			
Type of Site		<input type="checkbox"/> Open <input type="checkbox"/> Enrolled <input type="checkbox"/> Camp <input type="checkbox"/> Homeless <input type="checkbox"/> Other					
Meal Service Reviewed		<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack					
Approved Average Daily Participation _____ Breakfast _____ Snack _____ Lunch _____ Snack _____ Dinner _____ Snack							
Day of Visit		Breakfast	Lunch/Supper		Snack	Comments	
Number of Meals Prepared							
Number of First Meals Served							
Number of Second Meals Served							
Number of Meals To Program Adults							
Number of Meals to Non-Program Adults							
Number of Meals Leftover							
Food Items Served		Quantity Prepared	Servings Per Unit	Total Amount Available		Amount Needed	Comments
				Yes	No	NA	Comments
Does the meal served meet meal pattern requirements?							
Production records are maintained that show the amount of food prepared?							
Foods Served are creditable?							
Food is prepared, handled and served in a sanitary manner?							
Food preparer(s) maintain good personal hygiene and wash hands prior to the meal service?							
Facilities are clean and free from rodents and insects?							
				Yes	No	NA	Comments

Are meals served as a unit?																
Are meals consumed by participants on-site?																
Are meals planned and prepared with one meal per participant in mind?																
Are more meals served as seconds than the 2% limit?																
Are accurate counts taken of meals served?																
Is required health department certification available for inspection?																
Is an inventory record being kept?																
Are receiving reports and purchase invoices kept?																
Does staffing pattern correspond to that listed on approved application?																
Has the site supervisor attended training?																
Are records of adult meals kept?																
Is there documentation of participants eligible for free or reduced-price meals available if applicable?																
Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place?																
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?																
Beneficiary Data																
Indicate the number of participants in attendance in each racial/ethnic category <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">American Indian or Alaskan Native</td> <td style="text-align: center;">Asian</td> <td style="text-align: center;">Black or African American</td> <td style="text-align: center;">Native Hawaiian or Other Pacific Islander</td> <td style="text-align: center;">Hispanic or Latino</td> <td style="text-align: center;">White</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>					American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	White	_____	_____	_____	_____	_____	_____
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	Hispanic or Latino	White											
_____	_____	_____	_____	_____	_____											
Corrective Action Plan:																
Findings:		Corrective Actions:														
Signature of Monitor				Date												
Site Supervisor Signature				Date												

Training for SFSP Personnel

Administrative Personnel:

(Refer to all [SFSP Guidelines](#))

- ☐ Purpose of the Program
- ☐ Site Eligibility
- ☐ Recordkeeping Requirements
- ☐ Organized Site Activities
- ☐ Meal Requirements
- ☐ Nondiscrimination Compliance
- ☐ Meal Service
 - ◆ how meals will be provided
 - ◆ the delivery schedule (if applicable)
 - ◆ what records must be kept, what forms to use
- ☐ Duties of the Monitors
 - ◆ conducting site reviews
 - ◆ sites for which monitors are responsible
 - ◆ monitoring schedule
 - ◆ reporting procedures
 - ◆ follow-up procedures
 - ◆ office procedures

Monitor Personnel:

(Refer to site [Monitor's Guidelines](#))

- ☐ Training for Administrative Personnel
- ☐ Monitoring Duties/Responsibilities
 - ◆ sites for which monitors are responsible
 - ◆ conducting the site visits
 - ◆ monitoring schedules
 - ◆ reporting/recordkeeping requirements
 - ◆ follow-up procedures
 - ◆ local sanitation and health laws
 - ◆ civil Rights
 - ◆ reporting of racial/ethnic data
 - ◆ personal safety precautions, if applicable

Site Personnel: (Refer to [Site Supervisor's](#) and [Nutrition Guidelines](#))

- ☐ Purpose of the Program
- ☐ Site Eligibility
- ☐ Importance of accurate records especially point of service meal counts
- ☐ Importance of organized activities at sites
- ☐ Recordkeeping Requirements
 - ◆ daily recordkeeping requirements
 - ◆ delivery receipts
 - ◆ second, leftovers, spoiled meals
 - ◆ daily labor documentation – time and attendance records
 - ◆ collect and maintain copies of daily meal service forms
- ☐ [Vended Site Operations](#) (if applicable)
 - ◆ meal pattern requirements
 - ◆ delivery schedules
 - ◆ adjustments in the delivery amounts
 - ◆ facilities available for storing meals
 - ◆ who to contact about problems
 - ◆ approved level of meal service
- ☐ Self-Preparation Site Operations
 - ◆ meal pattern requirements
 - ◆ inventory
 - ◆ production records
 - ◆ meal preparation adjustments
- ☐ Duties and Authority of the Monitors
- ☐ Civil Rights Requirements
- ☐ Miscellaneous Policies/Issues
 - ◆ What to do in inclement weather and alternate service areas
 - ◆ How to handle unauthorized adults trying to eat meals
 - ◆ How to handle discipline
 - ◆ Review equipment, facilities, and materials available for recreational activities
 - ◆ Review trash removal requirements
 - ◆ Discuss corrective action
 - ◆ Nutrition education



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)

Documentation of Training to Program Personnel

Name and Address of Sponsor		Date of Training									
Name of Trainer(s)		Location of Training									
Training Topics: Check the topics covered and list any additional. Topics listed are the minimum required. <table border="0"><tr><td><input type="checkbox"/> Purpose of the Program</td><td><input type="checkbox"/> Record-keeping</td></tr><tr><td><input type="checkbox"/> Meal Pattern Requirements</td><td><input type="checkbox"/> Duties of a Monitor</td></tr><tr><td><input type="checkbox"/> Site Eligibility</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Site Operations</td><td></td></tr></table> Attach additional pages if necessary or attach copy of training program outline.				<input type="checkbox"/> Purpose of the Program	<input type="checkbox"/> Record-keeping	<input type="checkbox"/> Meal Pattern Requirements	<input type="checkbox"/> Duties of a Monitor	<input type="checkbox"/> Site Eligibility	<input type="checkbox"/> Other _____	<input type="checkbox"/> Site Operations	
<input type="checkbox"/> Purpose of the Program	<input type="checkbox"/> Record-keeping										
<input type="checkbox"/> Meal Pattern Requirements	<input type="checkbox"/> Duties of a Monitor										
<input type="checkbox"/> Site Eligibility	<input type="checkbox"/> Other _____										
<input type="checkbox"/> Site Operations											
Training Participant (print name)	Participant's Signature	Title	Name of Participant's Site								

Operating and Administrative Cost Sheet

Operating Costs

The Cost of Food Used:

- ◆ Cost of purchasing and storing food
- ◆ Non-food supplies needed for food preparation, service, or clean-up
- ◆ Cost of having food delivered (including USDA commodities)
- ◆ Cost of meals served to program adults

Operational Labor:

- ◆ Time spent preparing, delivering, and serving food
- ◆ Time spent supervising children during the meal service
- ◆ Clean-up time after the meal
- ◆ Time spent planning menus and completing production and meal count records

Other Operating Costs:

- ◆ Cost of delivering food to the site
- ◆ Mileage allowance for the purchase and delivery of food
- ◆ Rental of facilities, equipment, and vehicles
- ◆ Utility costs attributable to the SFSP
- ◆ Repairs to equipment essential to the SFSP
- ◆ Cost for transporting children to the meal service site (rural sites only)

Administrative Costs

Administrative Labor:

- ◆ Time spent preparing and submitting an application for participation in the SFSP
- ◆ Time spent hiring and training sponsor and site personnel
- ◆ Time spent maintaining program records
- ◆ Time spent completing the claim for reimbursement
- ◆ Time spent competitively bidding for meals
- ◆ Time spent attending training provided by MDHSS
- ◆ Time spent monitoring sites
- ◆ Time spent performing other activities necessary for planning, organizing and managing the program

Other Administrative Costs:

- ◆ Rent for office space, equipment and vehicles
- ◆ Use allowances for office equipment
- ◆ Office Supplies
- ◆ Mileage allowance for attending training and for monitoring
- ◆ Parking expenses for monitoring
- ◆ Telephone
- ◆ Postage
- ◆ Advertising expense
- ◆ Insurance costs
- ◆ Audit costs
- ◆ Travel costs



Food Inventory Record

[illegible]

To Obtain Food Costs for the Inventory Period

Beginning Inventory*	_____
+Food Purchases**	+ _____
-Credits, discounts, returns	- _____
-Ending Inventory	- _____
=Cost of Food Used	= _____

Total Value of Food on Hand

(Ending Inventory*) \$ _____

* The ending Inventory for one inventory period becomes the Beginning Inventory for the next.

** Use purchase invoices to determine the cost per purchase unit and the total food purchases for the inventory period.

Unallowable Costs

Listed below are costs that **MUST NOT** be included with SFSP costs on the claim for reimbursement:

- ☐ The cost to purchase food not used for the SFSP
- ☐ The cost of meals served to non-program adults
- ☐ Contributions or donations
- ☐ Meals served in violation of program regulations, i.e., meals served outside approved serving time, meals served or consumed off-site, etc.
- ☐ Interest on loans
- ☐ Donated labor
- ☐ Cost of spoiled or damaged meals
- ☐ Administrative costs not included on the approved Administrative Budget
- ☐ Entertainment costs
- ☐ Fund-raising expenses
- ☐ Bad debts
- ☐ Rental Charge for equipment and space owned by the sponsor
- ☐ Depreciation or use allowance for publicly owned buildings
- ☐ Repairs which materially increase the value or useful life of capital assets
- ☐ Capital expenditures including nonexpendable equipment
- ☐ Fines or penalties

Food Chart – Summer Food Service Program

Breakfast	Fluid Milk	1 cup (8 fluid ounces) ₁
	Juice or Fruit or Vegetable	½ cup
	Bread, or Cold Dry Cereal, or Cornbread, Biscuits, Rolls, Muffins, etc., or Cooked Cereal or Cereal Grains	1 slice ¾ cup or 1 ounce ₂ 1 serving
	Pasta, Cooked Noodles	½ cup ½ cup
Lunch or Supper	Fluid Milk	1 cup (8 fluid ounces) ₃
	Meat, Poultry, Fish, Cheese, or Egg, or Cooked Dry Beans, Peas, or Peanut Butter or other Nut Butters, or Peanuts, Soy nuts, Tree Nuts or Seeds, or Yogurt, plain or sweetened, flavored	2 ounces 1 large egg ½ cup 4 tablespoons ₄ 1 ounce = 50% ₅
	Vegetables and/or Fruits (must serve at least two different varieties)	¾ cup total ₆
	Grains/Breads	1 serving
Snack Serve 2 of 4 components	Fluid Milk	1 cup (8 fluid ounces) ₁
	Juice or Fruit or Vegetable	¾ cup
	Meat or Meat Alternate	1 ounces
	Grains/Bread	1 serving

1. Serve as a beverage, or on cereal, or use part of it for each purpose.
2. Either volume (cup), or weight (ounces), whichever is less.
3. Must be served as a beverage
4. At lunch, must serve an additional meat/meat alternate with peanut butter.
5. No more than 50% of the requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement.
6. Serve two or more kinds. Full-strength juice may be counted to meet not more than one-half of this requirement.
7. Serve two food items. Each food item must be from a different food component. Juice may not be served when milk is served as the only other component.

Note: All grain/bread items must be enriched or whole-grain, made from enriched or whole-grain meal or flour, or if it is a cereal, the product must be whole grain, enriched, or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, age, or disability. Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact the USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th and Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Meal Pattern Requirements

Meat/Meat Alternate

- ☐ Meat/meat alternate is required at lunch and supper. It may be served as one of two required components at snack. Meat/meat alternate is recommended at breakfast as often as possible, however, it is not required.
- ☐ Meat/meat alternate must be served in the main dish or in the main dish and one other dish. The other dish may not be a dessert.
- ☐ No more than two meat/meat alternates may be used to meet the requirement.
- ☐ Dry beans and peas may count as the meat/meat alternate or the fruit/vegetable, but not as both in the same.
- ☐ Nuts and seeds may fulfill only ½ of the meat/meat alternate requirement at lunch and supper. They may fulfill all of the meat/meat alternate requirement as a snack.
- ☐ Peanut butter may not be used to meet the entire meat/meat alternate requirement at lunch or supper because of the large amount needed. An additional meat/meat alternate must be served with peanut butter at lunch or supper.
- ☐ Plain or flavored yogurt may be served as a meat/meat alternate at lunch and snack. One-half cup of yogurt is equal to one ounce of meat/meat alternate (8 ounces equals 2 ounces of meat/meat alternate).
- ☐ Cottage cheese, cheese food or cheese spread must be served at twice the quantity of natural or processed cheese, for example, two ounces of cottage cheese is equal to only one ounce of meat/meat alternate.

Fruit/Vegetable

- ☐ Fruits, vegetables, and/or juice must be served at breakfast, lunch, and supper, and may be served as one of two choices at snack. For lunch and supper, two or more different fruits/vegetables must be served.
- ☐ A menu item must contain at least 1/8 cup of fruit/vegetable to be creditable. Garnishes can not be credited toward meeting the fruit/vegetable requirement.
- ☐ Juices must be full strength, 100%
- ☐ Juice may not be served at snack if milk is the only other component.

Meal Pattern Requirements (cont.)

Grains/Breads

- ☐ Grains/breads must be whole grain, enriched or fortified, or made with bran or germ.
- ☐ At lunch and supper, the grain/bread component may not be a dessert item.
- ☐ Ready-to-eat cereal that is enriched or whole grain, or has been fortified, is creditable for breakfast and snack only.
- ☐ Cookies, brownies, cake and similar desert type grains/breads are creditable for snack only. These may be served no more than two times per week. Rice pudding and bread pudding are also considered a dessert and are creditable only for snack.
- ☐ Enriched or whole grain snack chips are creditable for lunch and snack. These are creditable no more than two times per week.

Milk

- ☐ Fluid milk is required for breakfast, lunch, and supper. Fluid milk may be served as one of two choices at snack. Milk must be served as a beverage at lunch and supper. Milk may be served as a beverage, served on cereal, or used for some of both at breakfast and snack.
- ☐ Yogurt, pudding, custard, ice cream, etc., may not be used as a substitute for fluid milk.
- ☐ Substitutions for required meal components are not allowed except under specific conditions. For medical conditions requiring substitutions, the sponsor must have a signed medical statement from a physician indicating the food(s) to be avoided and allowable substitutions for the avoided food(s).

Meal Service Requirements

- ☐ Open and enrolled sites may serve one meal, or two meals, if one is lunch and the other is a breakfast or a snack.
- ☐ Camps and migrant sites may serve a maximum of three meals per day – either three meals, or two meals and one snack. These are the only sites that may serve both lunch and supper at the same site on the same day.
- ☐ Lunch and supper may not take more than two hours from start to finish to serve.
- ☐ Breakfast and snack may not take more than one hour from start to finish to serve.
- ☐ Three hours must elapse between the start of one meal or snack and the start of the next. NOTE: Sponsors may request an exception to this requirement in special cases.
- ☐ Supper may not begin later than 7:00 p.m. and must conclude by 8:00 p.m.
- ☐ Meal service times must be approved, and any changes in times must be reported on the [site change form](#). See [page 7](#) in this workbook.
- ☐ Meal orders must be adjusted on a daily basis with the goal of preparing one meal per child/participant served.
- ☐ Meals to vended sites may not be delivered sooner than one hour prior to the start of the meal service, unless the site has refrigeration.
- ☐ All meals must be eaten on site. At the sponsor's discretion, with a written policy, participating children may be allowed to remove certain pre-packaged and non-perishable food items to be consumed at a later time.
- ☐ All participants must be served a complete meal, with the exception of school-sponsored sites. Sites that are sponsored by schools may choose to use the “offer versus serve” if this option is used during the regular school year.
- ☐ Second meals may only be served after each participant has received a first meal. The purpose of second meals is to reduce waste. In order to count as a reimbursable 2nd meal, seconds must also be complete meals.
- ☐ Outdoor sites must have alternate arrangements for rainy weather.

Unallowable Meals:

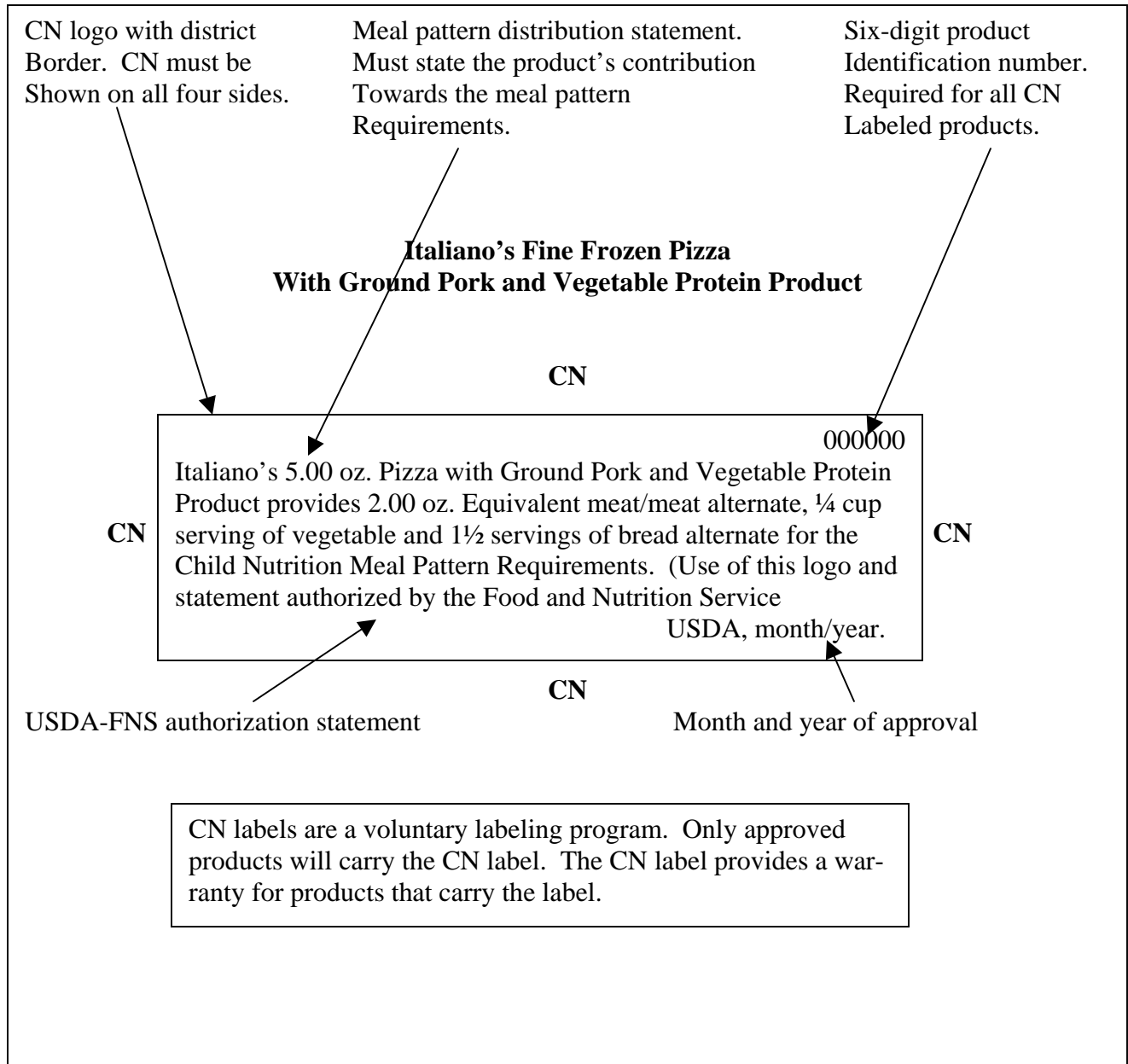
The follow meals MUST NOT be claimed for reimbursement.

- ☐ Meals served to adults.
- ☐ Meals that do not meet [meal pattern requirements](#). See page 10 in this workbook.

Medical statement required for substitutions: Substitutions for required meal components are not allowed except under specific conditions. For medical conditions requiring substitutions, the sponsor must have a signed medical statement from a physician indicating the food(s) to be avoided and allowable substitutions for the avoided food(s).

- ☐ Meals not served as a complete unit.
- ☐ Meal types not approved.
- ☐ Meals served at unapproved sites.
- ☐ Meals consumed off-site.
- ☐ Meals served outside the approved time frames or approved dates of operation.
- ☐ Meals served to ineligible children (applies to camps only).
- ☐ Meals served in excess of the approved level, which is 2% of the total first meals claimed.
- ☐ Unserved meals.

CN Labels - What to Look For



Manufacturer's Product Analysis

XYZ BURRITO FACTORY

Effective Date: November 1, 1988 Product No.: 9999

Total weight of precooked product: 4.00

Total of raw meat: 0.650 oz.

Percent of fat of raw meat: Not to exceed 30%

Weight of dry VPP: 0.094 oz.

Weight of liquid used to hydrate VPP: 0.176 oz.

Percent of Protein in dry VPP: 52%

Weight of raw meat and hydrated VPP: 0.920

Type of VPP used: XX Flour: _____ Isolate: _____

Weight of other ingredients: 1.005 oz.

Weight of pinto beans: 0.325 oz. Factored Wt. 0.503

Weight of cheese: none

Weight of cooked meat with VPP: 0.644 oz.

Total weight of filling: 2.25 oz.

Total weight of enriched flour tortilla: 1.75 oz. 1.59 serv.

I certify the above information is true and correct and that the product (ready for serving) contributes 1.14 ounces of equivalent meat/meat alternative toward the meal pattern when prepared according to direction. I understand that the above named product will be used as a meal component for which Federal reimbursement will be claimed, and that records are available to support the information indicated above. The VPP used conforms to Food and Nutrition Service regulations. This product analysis will supersede all previously issued sheets.

SUGGESTED BID SPECIFICATIONS: _____ cases – Red Chili Beef, Bean and Chicken Burrito, 4.00 ounces Each, unfried, packed 3/24 count. Must meet 1.00 ounces of meat/meat alternate and 1.50 bread servings.

James Smith

Director of Manufacturing
Title

XYZ Burrito Factory

November 1, 1988

A product analysis sheet (also known as a product specification sheet) is a detailed information sheet from the product manufacturer. It identifies the weight of the food components in the product and the product's contribution to the Child Nutrition Meal Pattern Requirements.

Key components of the product analysis sheet include:

- The product name; may include a description of the product and/or a product code.
- The food components in the product that contribute to the meal pattern requirement
- The raw and/or cooked weights of the components that contribute to the meal pattern requirement.
- The product's total contribution towards the meal pattern requirement.
- A statement that any VPP (vegetable protein product) contained in the product has been rehydrated in accordance with Appendix A of the code of Federal Regulations issued January 7, 1983 relating to vegetable protein products used in the national School Lunch Program.
- The original signature of a company official. A photocopied signature is not acceptable.
- The date.

Production Records

VENDED SITES OR CENTRAL KITCHEN OPERATIONS

Food production records are no longer required for self-preparation sites. However, they are still required for vended sites or central kitchen operations. Minimum Requirements for Production Records:

- ☐ List all food items used. Do not include condiments or seasonings.
- ☐ List the total amount of each food item used. Record specific quantities in pounds, package sizes, can sizes and weights.
- ☐ List the total number of meals served to:
 - Eligible children and eligible disabled adults;
 - Program adults;
 - Non-program adults; and
 - Ineligible children.
- ☐ Maintain production records for all meals and snacks served.

SELF-PREPARATION SITES:

At self-preparation sites, production records can be valuable management tools, but are not be required to verify the adequacy of the meal service. This is accomplished through on-site meal observation and a review of food receipts. It is particularly critical that accurate records of all food purchases are maintained. If food is used from existing inventories, a beginning and ending inventory is required. See [Food Inventory Record](#) on page 25 of this workbook.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY HEALTH AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM
Food Production Record

Sponsor:	Site Name:
Date:	

Breakfast

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

Lunch/Supper

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Meat/Alternate									
Fruit/Vegetable									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

Snack (Serve Two of Four Components)

A	B	C	D	E	x	F	=	G	H
Food Components	Food Items Used	Serving Size	Purchase Units (lb., Can size, etc.)	Servings Per Purch. Unit		Number of Purchase Units Used		Total Servings Prepared	Number of Meals Served
Milk									
Meat/Alternate									
Fruit/Vegetable									
Grain/Bread									
Optional Foods									

At a minimum, columns B, D, F, and H must be completed.

Cost of Food Used

Beginning Inventory

+ Food Purchases

+ Other Purchases

- Credits, Discounts, Returns

- Ending Inventory

= Cost of Food Used



Food Inventory Record

Name of Site:				
Inventory Period:			Beginning Inventory*	
A. Food Item	B. Purchase Unit (i.e., lbs, cans, cases, etc.)	C. Cost per Purchase Unit**	D. Quantity On Hand	E. Value of Food on Hand (C x D)

To Obtain Food Costs for the Inventory Period

Beginning Inventory*	<u> </u>	Total Value of Food on Hand
+Food Purchases**	+ <u> </u>	
-Credits, discounts, returns	- <u> </u>	(Ending Inventory*) \$ <u> </u>
-Ending Inventory	- <u> </u>	
=Cost of Food Used	= <u> </u>	

* The ending Inventory for one inventory period becomes the Beginning Inventory for the next.
 ** Use purchase invoices to determine the cost per purchase unit and the total food purchases for the inventory period.

To get an application packet

- ☐ www.dhss.mo.gov/SFSP, click “Applications and Forms” on left-side bar to download SFSP Application Packet, or
- ☐ call toll-free number, 888-435-1464 to request via mail or email.

Application Deadlines

- ☐ By March 15, 2006 if you want commodities delivered in May
- ☐ By April 17, 2006 if you want commodities delivered in June
- ☐ By May 1, 2006 if requesting a June advance
- ☐ If none of the above apply, the final deadline for your completed application to be received in our office is May 15, 2006, or 30 days prior to your first day of operation, whichever is earlier.

Things to Watch

- ☐ Make sure all blanks are completed
- ☐ Check your dates and days of operations
- ☐ Include eligibility documentation for each open site
- ☐ Include maps, when needed to document area eligibility
- ☐ Retain a copy of your SFSP application for your files.
 - If you fax the application, retain the original as your file copy.
 - If you mail the application to MDHSS, you should make a copy for your records.

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MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR APPLICATION
(Please TYPE or PRINT Clearly)

MDOH USE ONLY:

Contract #: _____

Vendor #: _____

1. Name of Sponsoring Organization		2. Address (P.O. Box, Street, City, State & Zip Code)		3. County	
				4. Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Urban areas include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield, and St. Joseph. All others are rural .	
5. Phone Number () _____ - _____	6. Fax Number () _____ - _____	7. Contact Person		8. E-mail Address of Contact Person (if available)	
9. Type of Sponsor: <input type="checkbox"/> School (public or private, non-profit) <input type="checkbox"/> Government Entity (State, Local, Municipal or County) Example: County Health Dept. <input type="checkbox"/> Residential Camp (overnight camp) <input type="checkbox"/> National Youth Sports Program (sponsored by a public or private, non-profit college or university) <input type="checkbox"/> Private Non-Profit (PNP) Organization Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations.		10. Period of operation (M/D/Y) Beginning date - _____ / _____ / _____ Last date meals served- _____ / _____ / _____ <i>Last date of meal service may be no later than Labor Day, or a date prior to the first day of school in your location.</i> Total number of days of operation: _____ List date(s) <u>not</u> operating: _____ (List dates between your beginning date and last date of meal service, when meals will not be served. Example: July 4. It is not necessary to list weekend dates here). Note: <i>If your start or ending date changes, you must notify our office.</i>			
11. Number of sites to be sponsored:		12. Number of monitoring personnel: (This is the number of staff members in your organization who will be responsible for performing the pre-operational and 1 st and 4 th week monitoring reviews of your food service site(s)).			
13. Do you want Administrative Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No See note below. Amount Requested, 1 st Advance \$ _____ Amount Requested, 2 nd Advance \$ _____		14. Do you want Operational Advance(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No See note below. Amount Requested, 1 st Advance \$ _____ Amount Requested, 2 nd Advance \$ _____ Amount Requested, 3 rd Advance \$ _____			
Note: <i>Administrative and Operational Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the amount you have requested. You may receive a 2nd administrative or operational advance only if you operate at least 10 days in the second month, and a 3rd operational advance only if you operate at least 10 days in the third month.</i>					
15. How many summers have you participated in the SFSP (do not count this coming summer)?					
16. Has the sponsor ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any Child Nutrition Program? <input type="checkbox"/> Yes <input type="checkbox"/> No					

17. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?

☐ Yes ☐ No

If the sponsor is not a residential camp, please describe the ongoing, year-round service(s) provided:

Note: All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served, in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.

18. If an agency other than the sponsor is providing site personnel, give name, agency and title of the person responsible for communication between the sponsor and the other agency:

19. I will cover the following **minimum required topics** in my training sessions for administrative and site personnel ☐ Yes ☐ No

◆ Purpose of the Program ◆ Meal Pattern Requirements ◆ Site Eligibility ◆ Site Operations ◆ Recordkeeping ◆ Duties of a Monitor

List any other topics to be covered, if applicable:

20. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: ☐ Yes ☐ No

1. Monitor sites and note areas of non-compliance
2. Discuss problems with site supervisor
3. Recommend corrective action
4. Follow-up in one week to assure corrections are made

21. Indicate type of meal service (check all that apply):

- ☐ Preparation at food service site
- ☐ Preparation at a central kitchen (serving two or more sites.) **Indicate name/address of central kitchen site below.**
- ☐ Under contract with local school food authority. **Indicate name/address of school food authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Under contract with a Food Service Management Company (FSMC). **Indicate name/address of FSMC below. ALL** sponsors using a FSMC must submit a copy of the entire, signed contract before the SFSP application may be approved. If the contract will exceed \$100,000, attach a copy of the wording to be used in the summary of the invitation for bid, the planned date and place of publication, and the planned date and place of the bid opening, copy of the bid, a list of bidders, and cycle menus.
- ☐ Extending contract with School Food Authority that provides meals during the regular school year. **Indicate name/address of School Food Authority below, and include a copy of the School Food Service Agreement with your application package.**
- ☐ Other (Specify) _____. **Indicate name/address where meals are prepared below.**

If other than preparation at food service site, please indicate the central kitchen, school, or company and address below:

Name of central kitchen site, school, or FSMC: _____

Street address (where meals are prepared): _____

City, State, ZIP code: _____

22. Indicate the source, if any other income is received to help finance the SFSP.

- ☐ Income from sale of adult meals
- ☐ Donations of food or money
- ☐ Grants specific for food or food preparation
- ☐ Other _____
- ☐ None

23. List estimated percent racial/ethnic make-up of the population of the area to be served (percentages must total 100%):

DRAFT

DRAFT

DRAFT

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	100%

Within each category above, indicate the percentage that are of Hispanic or Latino ethnicity. _____

24. What efforts will be used to assure that minority populations have equal opportunity to participate?

- ☐ Distribution of brochures or Program information at public locations.
- ☐ Public service announcements in local newspaper, on radio or television. (Circle media type used. Otherwise, we will assume all three types are used.)
- ☐ Paid or free advertisements in local newspapers.
- ☐ Personal contact with community groups and/or parents.

I certify that these efforts reflect methods used to assure minority and grassroots organizations participate in the program.

→ _____ (Superintendent/board president/director's initials)

25. I certify that the items checked above contain the nondiscrimination statement and procedures for filing a complaint of discrimination as required by SFSP regulations. → _____ (Superintendent/board president/director's initials)

26. Has the sponsor ever been found to be in noncompliance of the Civil Rights Laws by any Federal agency? ☐ Yes ☐ No

If yes, explain:

APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

- ◆ The budget on pages 4 and 5 of the sponsor application, with all sections completed
- ◆ One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
- ◆ Audit Requirements form
- ◆ Vendor Input form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
- ◆ Copy of Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)

SIGNATURE

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. I understand that this information is being given in connection with the receipt of federal funds, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated at all sites.
5. Reimbursement will be claimed only for meals served to eligible participants.
6. Each site will maintain a daily, point of service meal count, for each meal or snack service, that will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the sponsor's site(s).

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

▶

SIGNATURE OF AUTHORIZED REPRESENTATIVE

▶

TITLE

DATE

TITLE

DATE

MDHSS USE ONLY BELOW THIS LINE

APPROVED BY

▶

TITLE

DATE

COMMENTS

SPONSOR BUDGET

1. Administrative Salary Worksheet

List administrative positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet including with your application packet.

A. Administrative Positions (Do not include food service labor such as cooks, servers, janitors, etc.)	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimbursement	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Director			\$				\$
Monitor			\$		This section is for the staff members who conduct your pre-operational and 1 st and 4 th week reviews at each site. Do not include "lunchroom" monitors or staff taking point-of-service meal counts in this section.		\$
Bookkeeper			\$				\$
Secretary			\$				\$
Other (Specify)			\$				\$
Other (Specify)			\$				\$
Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3)							\$

2. Operational Salary Worksheet

List operational positions which will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A. Operational Positions	B. Number of Personnel in that Position	C. Hours per day spent on SFSP	D. Salary per hour if paid by SFSP reimbursement	E. Total number of days employed by SFSP	F. Specific Program Duties	G. Fringe Benefits	H. Total (BxCxDxE)+G
Cook							\$
Cook							\$
Server							\$
Server							\$
Janitor							\$
Other (specify)							\$
Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3)							\$

3. Total SFSP Budget

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	MDHSS USE ONLY Approved Administrative Budget	Operational Costs (Sites)	Proposed Operational Budget
Salaries/Fringe Benefits (Total from #1 on p. 4)	\$	\$	Food Service Labor/ Fringe Benefits (Total from #2 on p. 4)	\$
Rent for Office Space	\$	\$	Food	\$
Office Supplies	\$	\$	Supplies	\$
Administrative Mileage	\$	\$	Transportation of Food	\$
Audit Fees	\$	\$	Utilities	\$
Telephone	\$	\$	Equipment Rent	\$
Postage	\$	\$	Other (please specify)	\$
Printing/Copying	\$	\$		
Advertising	\$	\$		
Other (please specify)	\$	\$		
Total Administrative Costs	\$	\$	Total Operational Costs	\$
		Budget approved as shown above _____/_____/_____ (Approver's initials & date)		

Note: The administrative budget will be approved based on the estimated number of meals to be served this summer (meals multiplied by administrative rates). If your attendance is higher than originally estimated, or if your administrative expenses are higher than what is budgeted here, you must notify our office and submit a revised administrative budget before program operations end, so that your approved administrative budget can be adjusted accordingly.

DRAFT

**Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance**

**Summer Food Service Program Reimbursement Rates
for FFY 2006**

Maximum Per Meal Reimbursement Rates

Operational Meal Rates: Operational reimbursement will be based on the lesser of actual costs or eligible meals multiplied by the appropriate rate.

Breakfast.....	\$1.47
Lunch or Supper.....	\$2.56
Supplement.....	\$.59

Administrative Rates: Administrative reimbursement will be based on the lesser of the approved administrative budget, actual costs, or eligible meals multiplied by the appropriate rate.

A. For meals served at rural or self-preparation sites:

Breakfast	\$0.1450
Lunch or Supper.....	\$0.2675
Supplement.....	\$0.0725

B. For meals served at urban sites that are vended:

Breakfast.....	\$0.1150
Lunch or Supper.....	\$0.2225
Supplement.....	\$0.0575

OPERATIONAL REIMBURSEMENT SAMPLE

	<u>Sample 1</u>	<u>Sample 2</u>
Meals (Lunch or Supper)	5,000	5,000
Reimbursement Rate	\$2.56	\$2.56
Meals X Rate Amount	\$12,800	\$12,800
Actual Cost	\$12,650	\$12,950
Amount Reimbursed	\$12,650	\$12,800

Operational reimbursement will be based on the lesser of:

- actual costs or
- eligible meals multiplied by the appropriate rate.

ADMINISTRATIVE REIMBURSEMENT SAMPLE

	<u>Sample 1</u>	<u>Sample 2</u>	<u>Sample 3</u>
Meals (Lunch or Supper)	5,000	5,000	5,000
Reimbursement Rate (Self-Prep)	\$0.2675	\$0.2675	\$0.2675
A: Meals X Rate Amount	\$1,337.50	\$1,337.50	\$1,337.50
Actual Cost	\$1,124.34	\$1,342.29	\$1,342.29
Approved Administrative Budget	\$1,203.75	\$1,203.75	\$1,337.50
Amount Reimbursed	\$1,124.34	\$1,203.75	\$1,337.50

Administrative reimbursement will be based on the lesser of:

- the approved administrative budget,
- actual costs, or
- eligible meals multiplied by the appropriate rate.



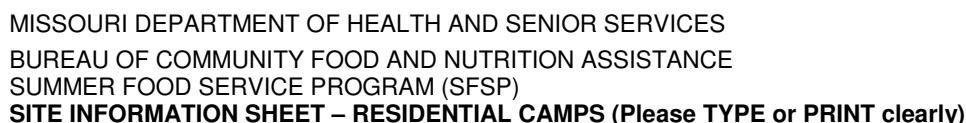
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE INFORMATION SHEET (Please TYPE or PRINT clearly)

MDHSS USE ONLY

Site #: _____

Name of Sponsor:		1. Name of Site:		
2. Meal Service Location (Street, City, State & ZIP Code):				3. County:
4. Telephone Number:	5. Site Supervisor:	6. Did this site operate the SFSP at this location last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Is this site a child care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Check the programs in which this site participated in the last 12 months: <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> School Breakfast Program (SBP) <input type="checkbox"/> School Milk Program (SMP) <input type="checkbox"/> National School Lunch Program (NSLP)</div><div><input type="checkbox"/> Child and Adult Care Food Program (CACFP) <input type="checkbox"/> Food Distribution Program (FDP) <input type="checkbox"/> None of the above</div></div>				
9. a. Site Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <small>Areas considered "urban" include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield, and St. Joseph. All others are considered "rural."</small>		b. Urban sites and sponsors with more than one site: Describe the geographical boundaries served and attach a map with the boundaries marked. If boundaries overlap, include a brief statement indicating the necessity for each site.		
10. a. Type of Site (choose one): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> School <input type="checkbox"/> NYSP <input type="checkbox"/> Government Agency (includes parks) <input type="checkbox"/> Migrant <input type="checkbox"/> Private Non-Profit (PNP) (such as churches, YMCAs, Boys and Girls Clubs, etc.)</div><div style="width: 60%;">b. Site Eligibility: <div><input type="checkbox"/> Open Site qualified by: School Data _____% Year _____ School Name: _____ OR Census Data _____% Census Tract(s) _____ Note: To qualify as an open site, at least 50% of the children in the area must be eligible for free or reduced price school meals, or at least 50% of the population of the census tract(s) served must be at or below 185% of the Federal poverty level.</div><div><input type="checkbox"/> Enrolled Site: Estimated number of children enrolled _____ Estimated number of children eligible _____ Note: To qualify as an enrolled site, at least 50% of the children enrolled in the meals program must be eligible for free or reduced price school meals, as documented by current, signed Income Eligibility forms kept on file at the Sponsor's office.</div><div><input type="checkbox"/> Migrant Site: Estimated number of children _____ Attach letter verifying site is a migrant site.</div></div></div>				
11. Location where meals will be prepared (check one): <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> At food service site <input type="checkbox"/> At central kitchen <input type="checkbox"/> At vendor kitchen (circle one below) School Food Authority Food Service Management Company</div><div>Note: For vended sites, be sure a copy of the School Food Authority or Food Service Management Company contract is included with your application. For more information, see the Sponsor Application, page 2, item 21.</div></div>				
12. Meal Service Choices and Beginning/Ending Times: In the table below, please indicate the meals you will be serving, along with the beginning time, ending time, and estimated number of children that will be served at each meal. If over the course of the summer, the meals or meal service times change, or if the actual number of children served exceeds the estimate, please notify our office by using the Site Change Form. Note: You may choose a combination of two meals and/or one meal and one snack per day, with the exception of lunch and supper on the same day. If you will be serving different meals on different days of the week, please note in the table below. There must be at least 3 hours between the beginning of one meal or snack service and the beginning of the next. Breakfast and snacks are limited to one hour from start to finish. All other meals are limited to two hours from start to finish.				
Type of meal	Time meal begins	Time meal ends	Estimated Number to be served	MDHSS use only
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				

<p>13. Period of Site Operation:</p> <p>First date SFSP meals to be served at site: ____/____/____</p> <p>Last date SFSP meals to be served at site: ____/____/____</p>	<p>14. Check days of week Site will operate:</p> <p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p> <p><input type="checkbox"/> Friday</p> <p><input type="checkbox"/> Saturday</p> <p><input type="checkbox"/> Sunday</p>					
<p>15. Total number of operating days each month:</p> <p>Please indicate the number of days your site will operate each month, in the spaces to the right, below the corresponding month. Remember to indicate a total for the summer, and to exclude weekends and holidays as appropriate to your operations.</p>	May	June	July	August	September	TOTAL
<p>16. What is the seating capacity of the site? _____</p> <p>Note: <i>This is the number of children who can eat at the site during one shift.</i></p> <p>If children eat in shifts, indicate the number of shifts. _____</p>	<p>17. How many staff will be assigned to this site? _____</p> <p>Note: <i>Include site supervisor, assistants, food servers, etc.</i></p>					
<p>Questions 18 through 23 are for NEW sites ONLY.</p>						
<p>18. Describe the system used to serve meals to attending participants.</p>						
<p>19. Describe the means of communication that will be used to adjust meal counts.</p>						
<p>20. If excess meals are delivered, describe arrangements for handling them.</p>						
<p>21. Are there provisions for holding meals until the time of meal service? Describe.</p>						
<p>22. Program regulations require that alternate arrangements be made for parks or other outdoor sites, in the event of bad weather. Describe the arrangements that will be made for bad weather, if this is an outdoor site.</p>						
<p>23. Program regulations require that the sponsor conduct a pre-approval visit to the site, before the Missouri Department of Health and Senior Services will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site? Yes No (circle one)</p>						
<p>I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.</p>						
Signature of Authorized Sponsor Representative			Title		Date	
Approval Signature of MDHSS Representative (MDHSS use only)			Title		Date	



1. Name of Sponsor	5. Did this site operate the SFSP at this location last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name and Address of Camp Site County: _____	6. Location of Camp: <input type="checkbox"/> Rural <input type="checkbox"/> Urban Areas considered "urban" include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield, and St. Joseph. All others are considered "rural." 7. Location where meals will be prepared: <input type="checkbox"/> At food service site <input type="checkbox"/> At central kitchen <input type="checkbox"/> At vendor kitchen (circle one below) School Food Authority Food Service Management Company
3. Name of contact person at this site:	
4. Telephone number:	<p>Note: <i>for vended sites, be sure a copy of the School Food Authority or Food Service Management Company contract is included with your application. For more information, see the Sponsor Application, page 2, item 21.</i></p>

8. MEAL SERVICE SCHEDULE

In the table below, please indicate the meals you will be serving for each session, along with the other requested information. Eligible children include those who qualify for free or reduced price school meals, as documented by current, signed Income Eligibility forms kept on file at the Sponsor's office. It may be necessary to estimate the number of eligible children at the time of application. If over the course of the summer, the meals or meal service times change, or if the actual number of children served exceeds the estimate, please notify our office by using the Site Change Form.

Note: You may choose a combination of three meals, two meals and one snack, or one meal and two snacks per day. If you will be serving different meals on different days of the week, please note in the table below (attach additional sheets as necessary). There must be **at least** 3 hours between the beginning of one meal or snack service and the beginning of the next. Breakfast and snacks are limited to one hour from start to finish. All other meals are limited to two hours from start to finish.

[illegible]

9. What is the seating capacity of the site? _____ Note: <i>This is the number of children who can eat at the site during one meal shift.</i>		10. How many staff will be assigned to this site? _____
Questions 11 through 15 are for NEW camp sites ONLY		
11. Describe the system used to serve meals to the children.		
12. Describe the means of communication that will be used to adjust meal counts.		
13. If excess meals are delivered or prepared, describe the arrangements for handling excess meals.		
14. Are there provisions for holding meals until the time of meal service? Describe.		
15. Program regulations require that the sponsor conduct a pre-approval visit to the site before the Missouri Department of Health and Senior Services approves the site. Has the sponsor conducted a pre-approval visit to this site? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that the site has the capabilities and facilities to provide the meal service planned for the number of children to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.		
Signature of Authorized Sponsor Representative	Title	Date
Signature of MDHSS Representative (MDHSS use only)	Title	Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
POLICY STATEMENT FOR NEW SPONSORS OF THE SFSP

FOR ALL SPONSORS:

_____ has agreed to participate in the Summer Food Service Program
(Name of Sponsoring Organization)
and accepts responsibility for providing program benefits to eligible children in the site(s) under its jurisdiction. The Sponsor assures the Missouri Department of Health and Senior Services (MDHSS) that although there is no separate charge established for meals, it will uniformly implement the following policy. In fulfilling its responsibilities, the Sponsor:

- A. Agrees that in operation of the Program, no child shall be discriminated against because of race, color, national origin, gender, religion, age, disability, or political beliefs. (Not all prohibited bases apply to this program.)
- B. Agrees to establish a procedure to account for meals claimed.

FOR SPONSORS OF CAMPS AND ENROLLED SITES ONLY, in addition to A and B, the Sponsor:

- C. Agrees that no meals will be claimed unless there is adequate documentation on file to support the claim. Adequate documentation (for each child's family) includes household income received by each household member, identified by source of income; names of all household members; social security number of either the head of household/primary wage earner or the adult signing the application; and the signature of an adult member of the household. Adequate documentation for a child who is a member of a food stamp or Temporary Assistance (TA) unit includes the name(s) and appropriate food stamp or Temporary Assistance case number(s) for the child(ren) and the signature of an adult member of the household.
- D. Agrees to maintain on file for three years all documentation to support claims.
- E. Agrees that there will be no physical segregation of, or other discrimination against any child. The names of the children for which meals may be claimed shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by any means. Further assurance is given that all children shall be served the same meals.

Shall describe below the method used for collecting payments from children who pay the full price of the meal while preventing the overt identification of children receiving a free meal:

- F. Shall attach a sample of the Income Eligibility Application, parent letter, and public release to be used. If the MDHSS prototype forms will be used, indicate in the space below and do not attach the forms. Shall describe below the method for accepting Income Eligibility Applications:

- G. Agrees to designate _____ to make determinations of
(Name and Title)
eligibility for purpose of claiming meals. The official will use the USDA eligibility criteria to make eligibility determinations conforming to the family size and income standards for reduced price school meals determined by the Secretary of Agriculture.
- H. Agrees that the application and parent letter and/or any other descriptive material distributed to parents or guardians shall contain only the family size and income levels for reduced price school eligibility. It shall also include an explanation that households with income less than or equal to these values would be eligible for free meals. The application and parent letter shall not contain the income standards for free meals. It shall contain a statement that if a child is a member of a food stamp or Temporary Assistance unit, the child is automatically eligible to receive free program meals, subject to completion of an application as described in C of this policy statement. Finally, a statement shall also be included to the effect that "In certain cases, foster children are eligible for free meals regardless of household income. If such children are living with you and you wish to apply for such meals, please contact us."
- I. Will establish a hearing procedure for families wishing to appeal a denial of an application for free meals. The Sponsor assures that if a family requests a hearing, the child shall continue to receive free meals until a decision is rendered.

FOR SPONSORS OF OPEN SITES ONLY, in addition to A and B, the Sponsor:

- J. Agrees that no meals will be claimed unless there is adequate documentation on file to support the eligibility as an open site. Adequate documentation includes, but is not limited to census data and/or school data verifying 50 percent or more of the children meet the 185 percent poverty guidelines.
- K. Agrees to maintain on file for three years all documentation to support claims for reimbursement.
- L. Assures that all children shall be served the same meals.

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR		SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE	
TITLE	DATE	TITLE	DATE



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT

PRINT OR TYPE

SECTION A: VENDOR INFORMATION (COMPLETED BY VENDOR) SEE SECTION A & GENERAL INSTRUCTIONS

NAME			
ADDRESS FIELD 1 (ROOM, APT., SUITE NO., STREET NAME/NO., ETC.)		ADDRESS FIELD 2 (PO BOX NO.)	
CITY		STATE	ZIP CODE
VENDOR CONTACT NAME	VENDOR CONTACT E-MAIL ADDRESS	VENDOR CONTACT TELEPHONE NUMBER	
LEGAL NAME OF ENTITY OR INDIVIDUAL (ENTITY NAME FILED WITH IRS FOR TIN)			
1099 ADDRESS		CITY	STATE ZIP CODE
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN	EXEMPT FROM BACKUP WITHHOLDING <input type="checkbox"/>	
VENDOR TYPE (CHECK OR X ONE OF THE BOXES IN FRONT OF THE APPLICABLE VENDOR TYPE)			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FEDERAL/MILITARY GOVERNMENT	<input type="checkbox"/> STATE/LOCAL GOVERNMENT
<input type="checkbox"/> STATE EMPLOYEE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR	<input type="checkbox"/> OTHER: _____ (ENTER VENDOR TYPE: I.E., CHURCH)
COMMENTS			

CERTIFICATION FOR STATE OF MISSOURI

I certify that the above information is accurate and complete in accordance with the Vendor Input Form Instructions.

SIGNATURE (You may not sign the form on-line. Please sign prior to sending it to a state agency for processing.)

NAME (PRINT OR TYPE)	TITLE	DATE Dec 21, 2005
----------------------	-------	----------------------

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien)

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item **2** does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE (You may not sign the form on-line. Please sign form prior to sending to a state agency, if applicable, according to the IRS Certification statement.)
Dec 21, 2005

SECTION B: STATE OF MISSOURI AGENCY USE ONLY (COMPLETED BY SUBMITTING STATE AGENCY)

ACTION TYPE (CHECK ONE) <input type="checkbox"/> ADD <input type="checkbox"/> CHANGE <input type="checkbox"/> DELETE	VENDOR CODE/NUMBER	VENDOR TYPE	STATE AGENCY NUMBER
STATE AGENCY NAME		STATE AGENCY ADDRESS	
STATE AGENCY CONTACT NAME (PLEASE PRINT OR TYPE)		STATE AGENCY CONTACT TELEPHONE NUMBER (INCLUDE AREA CODE) ()	
STATE AGENCY CONTACT EMAIL ADDRESS			
ADDITIONAL INFORMATION			
SIGNATURE	NAME (PRINT OR TYPE)		DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PROGRAM SERVICES CONTRACT

TRACKING NO.		AM DOC NO.	
CONTRACT NO. ERS046-6		VENDOR NO.	
CONTRACTOR		CONTRACTOR TYPE <input type="checkbox"/> GOVERNMENT AGENCY <input type="checkbox"/> PRIVATE OR NON-PROFIT ENTITY MISSOURI MBE / WBE CERTIFICATION NO. _____	
CONTRACT TITLE Summer Food Service Program		FUNDING SOURCE	
CFDA TITLE 2006 Summer Food Service Program		STATE %	FEDERAL 100%
		CFDA NO. AND FEDERAL AGENCY NAME 10.559 - USDA	RESEARCH AND DEVELOPMENT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SUBJECT TO A-133 REQUIREMENTS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		FEDERAL AWARD NUMBER AND NAME 06 SFSP 06-Summer Food Service Program	FEDERAL AWARD YEAR 2006
<p>1. This contract is entered into by and between the State of Missouri, Department of Health and Senior Services, (Department) and the above-named Contractor, and shall consist of this form DH-70, and the following attached documents which are incorporated herein:</p> <p style="text-align: center;"><input checked="" type="checkbox"/> Scope of Work – <u>7</u> page (s) <input type="checkbox"/> Attachments / Exhibits – _____ page (s) <input checked="" type="checkbox"/> Terms and Conditions – <u>2</u> page (s)</p> <p>2. The contract period shall be from May 1, 2006 through August 31, 2006.</p> <p>3. The contract amount shall not exceed \$ See Page 6, Sections 2.2 through 2.4 of Scope of Work.</p> <p>4. This contract expresses the complete agreement of the parties and shall supersede all previous communication, representations or agreements, either verbal or written, between the parties. Performance shall be governed solely by the terms and conditions contained in this contract. By signing below, the Contractor and Department agree to all terms and conditions set forth in this contract.</p> <p>5. Type of contract: <input type="checkbox"/> Cost-Reimbursement <input checked="" type="checkbox"/> Fixed-Price</p>			
AUTHORIZED CONTRACTOR SIGNATURE ▶			
PRINTED NAME / TITLE			
E-MAIL ADDRESS	PHONE NUMBER		
FEDERAL TAXPAYER ID NUMBER	DATE		
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES, DIVISION OF ADMINISTRATION DIRECTOR OR DESIGNEE ▶			
PRINTED NAME / TITLE Director or Designee, Division of Administration		DIVISION OF ADMINISTRATION RECEIVED SIGNED CONTRACT	
DATE			



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES TERMS AND CONDITIONS

1. APPLICABLE LAWS AND REGULATIONS

a. This contract or agreement shall be governed by and construed in accordance with the laws of the State of Missouri. The Contractor/Provider shall comply with all federal and state laws, regulations and policies applicable to this contract or agreement.

In performing its responsibilities under this contract or agreement, the Contractor/Provider shall fully comply with the following Office of Management and Budget (OMB) administrative requirements and cost principles, as applicable, including any subsequent amendments, applicable implementing regulations, and all other laws, regulations and policies authorizing or governing the use of any federal funds paid to the Contractor/Provider through this contract or agreement.

Uniform Administrative Requirements

A-102 - State/Local Governments

2 CFR 215 - Hospitals, Colleges and Universities, For-Profit Organizations (if specifically included in federal agency implementation), and Not-For-Profit Organizations

Cost Principles

A-87 - State/Local Governments

A-122 - Not-For-Profit Organizations

A-21 - Colleges and Universities

48 CFR 31.2 - For-Profit Organizations

45 CFR 74 Appendix E – Hospitals

b. The Contractor/Provider shall comply with all applicable Federal and State statutes, regulations and executive orders relating to nondiscrimination and equal employment opportunity. These may include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color, or national origin (this includes individuals with limited English proficiency) in programs and activities receiving federal financial assistance and Title VII of the Act which prohibits discrimination on the basis of race, color, national origin, sex, or religion in all employment activities; (b) Equal Pay Act of 1963 (P.L. 88-38, as amended, 29 U.S.C. Section 206 (d)); (c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686) which prohibits discrimination on the basis of sex; (d) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) which prohibit discrimination on the basis of disabilities; (e) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107) which prohibits discrimination on the basis of age; (f) Equal Employment Opportunity – E.O. 11246, "Equal Employment Opportunity", as amended by E.O. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity"; (g) Missouri State Regulation, 19 CSR 10-2.010, Civil Rights Requirements; (h) Missouri Governor's E.O. #94-03; and (i) the requirements of any other nondiscrimination federal and state statutes, regulations and executive orders which may apply to this contract or agreement.

c. The Contractor/Provider shall comply with 31 U.S.C. 1352 relating to limitations on use of appropriated funds to influence certain federal contracting and financial transactions. No funds under this contract or agreement shall be used to pay the salary or expenses of the Contractor/Provider, or agent acting for the Contractor/Provider, to engage in any activity designed to influence legislation or appropriations pending before the United States Congress or Missouri General Assembly. The Contractor/Provider shall comply with all requirements of 31 U.S.C. 1352 which is incorporated herein as if fully set forth. The Contractor/Provider shall submit to the Department, when applicable, Disclosure of Lobbying Activities reporting forms.

d. The Contractor/Provider shall comply with the requirements of the Single Audit Act of 1984 (P.L. 98-502), the Single Audit Act Amendments of 1996 (P.L. 104-156), and OMB Circular A-133, including subsequent amendments or revisions, as applicable or 2 CFR 215.26 as it relates to for-profit hospitals and commercial organizations. A copy of any audit report shall be sent to DHSS, Division of Administration, P.O. Box 570, Jefferson City, MO 65102 each contract year if applicable. The Contractor/Provider shall return to the Department any funds disallowed in an audit of this contract or agreement.

e. The Contractor/Provider shall comply with the Pro-Children Act of 1994 (20 U.S.C. 6081), which prohibits smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

f. The Contractor/Provider shall comply with 37 CFR part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations, as applicable.

g. The Contractor/Provider shall comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.).

2. ELIGIBILITY TO CONTRACT

a. The Contractor/Provider assures and certifies that it is not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation, or otherwise excluded from or ineligible for participation under federal assistance programs.

b. In accordance with Section 34.040.6 RSMo, if the Contractor/Provider or its affiliate, if any, makes sales at retail of tangible personal property or for the purpose of storage, use or consumption in the State of Missouri, it shall collect and properly pay the tax as provided in Chapter 144, RSMo.

3. TERMINATION

a. If state and/or federal funds are not appropriated, continued, or available at a sufficient level to fund this contract or agreement, or in the event of a change in federal or state law relevant to this contract or agreement, the obligations of each party may, at the sole discretion of the Department, be terminated in whole or in part, effective immediately or as determined by the Department, upon written notice to the Contractor/Provider from the Department.

b. The Department reserves the right to terminate the contract or agreement, in whole or in part, at any time, for the convenience of the Department, without penalty or recourse, by giving written notice to the Contractor/Provider at least thirty (30) calendar days prior to the effective date of such termination. In the event of termination pursuant to this paragraph, all documents, data, reports, supplies, equipment, and accomplishments prepared, furnished or completed by the Contractor/Provider pursuant to the terms of the contract shall, at the option of the Department, become the property of the Department as authorized by law. The Contractor/Provider shall be entitled to receive just and equitable compensation for services and/or supplies delivered to and accepted by the Department and for all non-cancelable obligations incurred pursuant to the contract or agreement prior to the effective date of termination.

c. In the event of material breach of the contractual obligations by the Contractor/Provider, the Department may, by written notice, terminate this contract or agreement immediately in whole or in part. At its sole discretion, the Department may give the Contractor/Provider an opportunity to cure the breach. The actual cure must be completed within no more than ten (10) working days unless otherwise approved by the Department. If the Contractor/Provider fails to cure the breach or when immediate action is demanded, the Department will issue a written notice terminating the contract or agreement in whole or in part, effective immediately. If the Department terminates this contract or agreement in whole or in part, it may acquire, under the terms and in the manner the Department considers appropriate, equipment, supplies and/or services similar to those terminated, and the Contractor/Provider shall be liable to the Department for any excess costs for the equipment, supplies and/or services. In the event of termination pursuant to this paragraph, all documents, data, reports, supplies, equipment, and accomplishments prepared, furnished or completed by the Contractor/Provider pursuant to the terms of the contract or agreement shall, at the option of the Department, become the property of the Department, as authorized by law.

d. Any notice to the Contractor/Provider shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, transmitted by e-mail or hand-carried and presented to an authorized employee of the Contractor/Provider.

4. INVOICING AND PAYMENT

a. Notwithstanding any other payment provision of this contract or agreement, if the Contractor/Provider fails to perform required work or services, fails to submit reports when due, or is indebted to the United States, the Department may withhold payment or reject invoices under this contract or agreement.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES TERMS AND CONDITIONS

4. INVOICING AND PAYMENT (CONTINUED)

b. Final invoices are due within thirty (30) calendar days of the contract or agreement ending date unless otherwise stated in the contract or agreement. The Department shall have no obligation to pay any invoice submitted after the due date.

c. In accordance with state policies and procedures, the Contractor/Provider shall submit an invoice billed to the Department on the Contractor/Provider's original descriptive business invoice form. Uniquely identifiable invoice numbers are required to distinguish from a previously submitted invoice or bill.

d. If a request by the Contractor/Provider for payment or reimbursement is denied, the Department shall provide the Contractor/Provider with written notice of the reason(s) for denial.

5. DOCUMENT RETENTION

The Contractor/Provider shall retain all books, records, and other documents relevant to this contract or agreement for a period of three (3) years after final payment or the completion of an audit, whichever is later, or as otherwise designated by the federal funding agency and stated in the contract or agreement. The Contractor/Provider shall allow authorized representatives of the Department, State, and Federal Government to inspect these records upon request. If any litigation, claim, negotiation, audit or other action involving the records has been started before the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three (3) year period, whichever is later. Failure to retain adequate documentation for any service billed may result in recovery of payments for services not adequately documented.

6. CONFIDENTIALITY

The Contractor/Provider shall maintain strict confidentiality of all patient and client information or records supplied to it by the Department or that the Contractor/Provider establishes as a result of contract activities. The contents of such records shall not be disclosed to anyone other than the Department and the patient/client or the patient's/client's parent or legal guardian unless such disclosure is required by law. The Contractor/Provider assumes liability for all disclosures of confidential information by the Contractor/Provider and/or the Contractor's/Provider's subcontractors and employees. The Contractor/Provider agrees to comply with all applicable provisions of the Federal Standards for Privacy of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164).

7. PUBLICITY

Any publicity release mentioning contract or agreement activities shall reference the contract or agreement number and the Department. Any publications, including audiovisual items produced with contract funds, shall give credit to the contract or agreement and the Department. The Contractor/Provider shall obtain approval from the Department prior to the release of such publicity or publications.

8. COPYRIGHTS

If any copyrighted material is developed as a result of this contract or agreement, the Department shall have a royalty-free, nonexclusive and irrevocable right to publish or use, and to authorize others to use, the work for Department purposes or the purpose of the State of Missouri.

9. LIABILITY

a. The relationship of the Contractor/Provider to the Department shall be that of an independent contractor. The Contractor/Provider shall have no authority to represent itself as an agent of the Department. Nothing in this contract is intended to, nor shall be construed in any manner as creating or establishing an agency relationship or the relationship of employer/employee between the parties. Therefore, the Contractor/Provider shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, or any other employee related obligation or expense, and agrees to indemnify, save, and hold the Department, including its officers, employees, and assigns harmless from and against all loss, cost (including attorney fees), and damage of any kind related to such matters. The Contractor/Provider shall have no authority to bind the Department for any obligation or expense not specifically stated in this contract or agreement. This provision is not intended to waive any claim of sovereign immunity to which a public entity would otherwise be entitled to under Missouri law.

b. The Contractor/Provider shall be responsible for all claims, actions, liability, and loss (including court costs and attorney's fees) for any and all injury or damage (including death) occurring as a result of the Contractor's/Provider's performance or the performance of any subcontractor, involving any equipment used or service provided, under the terms and conditions of this contract or agreement or any subcontract, or any condition created thereby, or based upon any violation of any state or federal statute, ordinance, building code, or regulation by Contractor/Provider. However, the Contractor/Provider shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the Department, including its officers, employees, and assigns. This provision is not intended to waive any claim of sovereign immunity to which a public entity would otherwise be entitled to under Missouri law.

10. AMENDMENTS

Any changes to this contract or agreement shall only be made by execution of a written amendment on the Department's Form DH-71 or other form approved by the Department.

11. MONITORING

a. The Department reserves the right to monitor this contract or agreement during the contract/agreement period to ensure financial and contractual compliance.

b. Contractors/Providers deemed high-risk by the Department may have special conditions or restrictions imposed, including but not limited to the following: withholding authority to proceed to the next phase of the project until the Department receives evidence of acceptable performance within a given contract or agreement period; requiring additional, more detailed financial reports or other documentation; additional project monitoring; requiring the Contractor/Provider to obtain technical or management assistance; or establishing additional prior approvals from the Department. Special conditions or restrictions can be imposed at the time of the contract award or at any time after the contract award. Written notification will be provided to the Contractor/Provider at least thirty (30) calendar days prior to the effective date of the high-risk status.

12. RETURN OF CONTRACT/AGREEMENT

Return of the proposed contract or agreement within forty-five (45) calendar days of the date mailed by the Department is necessary to ensure execution of this contract or agreement by the Department.

13. OVERPAYMENT

If the Contractor/Provider is overpaid by the Department, the Contractor shall issue a check made payable to "DHSS-DOA-Fee Receipts" upon official notification by the Department and shall mail the payment to:

Missouri Department of Health and Senior Services
Division of Administration
Fee Receipts
P.O. Box 570
920 Wildwood Drive
Jefferson City, Missouri 65102-0570

14. EQUIPMENT

a. Title to equipment purchased by the Contractor/Provider for the purposes of fulfilling contract or agreement services vests in the Contractor/Provider upon acquisition, subject to the conditions that apply as set forth in 2 CFR 215.34 or OMB Circular A-102, Section 32, as applicable. The Contractor/Provider must obtain written approval from the Department prior to purchasing equipment with a cost greater than \$500. The repair and maintenance of purchased equipment will be the responsibility of the Contractor/Provider. Upon satisfactory completion of the contract or agreement, if the current fair market value (FMV) of the equipment purchased by the Contractor/Provider is less than \$5,000 there is no further obligation to the Department. Items purchased by the Contractor/Provider with a current FMV greater than \$5,000 may be sold or retained by the Contractor/Provider but the Contractor/Provider may be required to reimburse the Department for costs up to the current value of the equipment.

b. Equipment purchased by the Department and placed in the custody of the Contractor/Provider shall remain the property of the Department. The Contractor/Provider must ensure these items are safeguarded and maintained appropriately, and return such equipment to the Department at the end of the program.

COMMUNITY FOOD AND NUTRITION ASSISTANCE
Fiscal Year 2005, Summer Food Service Program
May 1, 2005 through August 31, 2005

- 1.0 General Contractor Responsibilities:** In order for the Missouri Department of Health and Senior Services (Department) to carry out the purpose of providing nutritious meals to eligible children and disabled adults through the Summer Food Service Program (Program), Section 13 of the Richard B. Russell National School Lunch Act, as amended (42 U.S.C. 1761), and regulations governing the Program issued thereunder (7 CFR Part 225); and

In order to meet the goals of the Department to protect the health of Missouri's children by increasing the proportion of children who consume nutritionally adequate diets, and to reduce the burden of chronic diseases by increasing the proportion of Missourians eating a well-balanced diet; and

In order to meet the objectives of the Department's Division of Community Health to decrease the proportion of children and adolescents who are at nutritional risk for chronic disease and to reduce hunger by increasing food security among Missouri households, **the Contractor shall perform the following:**

1.1 Administration

- 1.1.1 Operate the Program in accordance with the provisions of 7 CFR Part 225 and any instructions and handbooks issued by the Department.
- 1.1.2 Operate a nonprofit food service for children in accordance with 7 CFR Section 225.6(e).
- 1.1.3 Prepare meals on-site or contract with a local school food authority or with a commercial enterprise for the preparation and delivery of meals.
 - 1.1.3.1 Comply with the bidding, contractual, and procurement procedures required by the State of Missouri and set forth in 7 CFR Part 225.
 - 1.1.3.2 Submit to the Department with Program application materials, copies of all contracts between Contractor and food service management companies, along with a certification of independent price determination, as necessary.
 - 1.1.3.3 Review a food service management company's operations before contracting with it, to ensure that it does not obligate itself beyond its meal service capacity.
- 1.1.4 Submit a free meal policy statement in accordance with 7 CFR Section 225.6 (c) during the first year of Program operation, and thereafter at the Department's request.
- 1.1.5 In the case of enrolled sites, have documentation on file to verify that at least one-half of the children enrolled in the Program are eligible for free or reduced

price school meals. In the case of open sites, have documentation on file to verify that at least one-half of the children enrolled in the school(s) in the area served by the site(s) are eligible for free or reduced price school meals, or that at least one-half of the population of the census tract(s) served by the site is at or below 185% of the Federal poverty level.

1.1.6 Ensure Program viability by:

1.1.6.1 Maintaining a financial management system in order to track income and expenditures.

1.1.6.2 Hiring and retaining adequate supervisory and operational personnel to carry out all Program requirements.

1.1.6.3 Certifying that full administrative authority and oversight will be exercised over all sites under its sponsorship.

1.2 Meal Service

1.2.1 Offer, in the case of sponsors who are school food authorities, and, serve, in the case of sponsors who are not school food authorities, approved types of meals in accordance with 7 CFR Section 225.16.

1.2.2 Apply for and receive, if eligible, food commodities in quantities that may be efficiently used in the Program. Such food commodities will be offered as a donation by the Division of Family Support, Food Distribution Program.

1.2.3 Serve the same meals to all children, except that individual substitutions may be made for children with special health care needs, with Department permission, in accordance with 7 CFR Section 225.16(f)(4). One hundred percent (100%) of meals served shall meet the requirements set forth in 7 CFR Section 225.16 and shall be served during period(s) designated as the meal service period(s) on the Site Information Sheet CACFP-1001.

1.2.3.1 Obtain prior written approval from the Department for changes made in the time period or location of any meal service.

1.2.4 Record meal counts for each participant at the point of service.

1.2.5 Adjust the numbers of meals prepared on a daily basis to limit the number of excess meals prepared to no more than 10% of total meals served.

1.2.6 Have a provisional plan on file for the service of meals to 100% of the children attending each site daily.

1.2.7 Ensure children remain on site while they consume the meals. At the sponsor's discretion, certain pre-packaged, non-perishable food items may be removed from the site by participating children to be consumed at a later time.

1.3 Sanitation

- 1.3.1 Maintain proper sanitation and health standards in conformance with all applicable state and local laws for the storage, preparation, and service of food, and correct any deficiencies found by health officials.
- 1.3.2 Assure the availability of adequate facilities to properly store, prepare, and serve food.

1.4 Monitoring

- 1.4.1 Assure that required monitoring is done for 100% of food service sites, in accordance with the requirements set forth in 7 CFR Section 225.15(d)(2-3) and the 2005 Monitor's Guide issued by the Department. Contractor shall monitor, on site, all approved food service sites at least once in the first week of Program operations, and again within the first four weeks of Program operations. The Contractor shall specify in writing the action that must be taken to correct deficiencies in Program requirements and a timeframe for correction. Additional monitoring of sites shall be conducted to assure that deficiencies have been corrected.
- 1.4.2 Maintain documentation of site visits and reviews on forms provided by the Department.
- 1.4.3 Establish and document procedures to correct problems observed during any required monitoring site visit(s), including corrective action, follow-up and closing of site(s).

1.5 Training

- 1.5.1 Conduct training for 100% of all personnel with assigned Program responsibilities (office, administrative, food service, and site personnel) with regard to Program duties and responsibilities. Allow no site to operate until its personnel have attended such training sessions. At a minimum, training of site personnel shall include: purpose of Program, site eligibility, record keeping, site operations, meal pattern requirements, and duties of a monitor. Contractor shall provide training throughout the contract period to ensure that administrative and site personnel are thoroughly knowledgeable in all areas of Program administration and operation and are provided with sufficient information to enable them to carry out their Program responsibilities.
- 1.5.2 Attend training required by the Department.
- 1.5.3 Provide documentation to the Department certifying that all personnel have successfully completed required training.

1.6 Reimbursement

- 1.6.1 If a second or third advance is requested, provide accurate attendance information to the Department by June 21 for the second advance and by July 22 for the third advance, in accordance with 7 CFR Section 225.9.
- 1.6.2 Claim reimbursement only for the type or types of meals approved and served without charge to eligible children and eligible disabled adults during the approved meal service period at approved sites. Eligible disabled adults are those who are determined by a State educational agency or a local public educational agency of a State to be mentally or physically disabled and who participate in a public or non-profit private school program established for the mentally or physically disabled.
- 1.6.3 Account separately for any meals served to program adults such as sponsor or site staff or volunteers, and to non-program adults who consume a meal but do not assist with Program operations.
- 1.6.4 Submit claims for reimbursement on forms furnished by the Department in accordance with procedures established by the Department. Claims must be submitted and received by the Department within 60 calendar days following the last day of the month claimed in order to be eligible for reimbursement. The Department shall have no obligation to pay claims received after 60 days. Revised claims must be received by the Department within 90 calendar days following the last day of the month claimed in order to be eligible for reimbursement.
- 1.6.5 Verify that claims for reimbursement are correct and records are available to support them. Ensure that operational costs claimed on line 12 of the Claim for Reimbursement, and administrative costs claimed on line 14 of the Claim for Reimbursement, are actual costs incurred by the Program, allowable as defined in the U.S. Department of Agriculture—Food and Nutrition Service Instruction 796-4, Rev. 4, and supported by said records. Failure to maintain such records will be grounds for denial of reimbursement for operational costs and/or administrative costs claimed during the period covered by the records in question (7 CFR Section 225.9).
- 1.6.6 Mileage for allowable Program travel costs may be claimed at a rate of 34.5 cents per mile through June 30, 2005, and at a rate of 37.5 cents per mile beginning July 1, 2005.
- 1.6.7 Meals served in the Program, that are reimbursed by other programs, will not be reimbursed by the Department.
- 1.6.8 At non-camp sites, serve meals without cost to all children and eligible disabled adults.
- 1.6.9 At camp sites, children who are not eligible for free meals may be charged a fee for meals.

1.7 Outreach

- 1.7.1 Conduct outreach to eligible families in the Contractor's service area. Coordinate with the Migrant Agency in the service area, if applicable, to assure migrant children have access to meals.
- 1.7.2 Increase participation at each food service site by 10% from the previous year's participation. Contractors showing no increase or a decrease in participation may be required to submit an outreach plan prior to participation in the following year, at the discretion of the Department.

1.8 Civil Rights

- 1.8.1 The Contractor and any sub-contractors shall assure the Department that it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by the regulations of the United States Department of Agriculture (USDA) (7 CFR Part 15), Department of Justice (28 CFR Parts 42 and 50) and Food and Nutrition Service (FNS) directives or regulations issued pursuant to that Act and the regulations, to the effect that, no person in the United States shall, on the ground of race, color, national origin, sex, age or disability be excluded from participation in, be denied the benefits of, or be otherwise subject to discrimination under any program or activity for which the Program applicant received Federal financial assistance from the Department; and will immediately take any measures necessary to effectuate this requirement.
- 1.8.2 The assurance contained in paragraph 1.8.1 is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants and loans of Federal funds, reimbursable expenditures, grant or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use, Federal property or interest in such property or the furnishing of services without consideration or at a nominal consideration, or at a consideration which is reduced for the purpose of assisting the recipient, or in recognition of the public interest to be served by such sale or lease for furnishing of services to the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by the Department. This includes any Federal agreement, arrangement, or other contract, which has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreements made in this assurance.
- 1.8.3 By accepting this assurance, the Contractor and any subcontractor shall compile data, maintain records and submit reports as required, which permit effective enforcement of Title VI and permit authorized USDA and Department personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance with Title VI. If there are any violations of this assurance, USDA and/or the Department shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Contractor, any subcontractor, their successors, transferees, and assignees as long as they receive assistance or retain possession of any assistance from the Department.

2.0 Department Responsibilities. To the extent that funds are appropriated and available, the Department shall:

2.1 Forward advance payments, if requested and approved, to the Contractor in accordance with 7 CFR Section 225.9. A second or third advance payment will not be issued until the prior month's attendance information is received by the Department by the deadlines set forth in section 1.6.1 above.

2.2 Pay reimbursements, during any fiscal year, based on the following:

Meal	Operational Meal Rates	Administrative Rates	
		Self-prep/Rural Sites	Vended/Urban Sites
Breakfast	\$1.42	\$.1400	\$.1125
Lunch/Supper	\$2.48	\$.2600	\$.2150
Snack	\$0.58	\$.0700	\$.0550

2.3 Pay operational reimbursement for meals served, not to exceed the lesser of:

- An amount equal to the sum of the total of the number of meals, by type, served to eligible children, multiplied by the applicable operational meal rate, or
- The actual operational costs incurred by the Contractor, less cash income to the Program.

2.4 Pay administrative reimbursement for meals served, not to exceed the lesser of:

- The actual administrative costs incurred by the Contractor,
- The administrative budget approved, or
- An amount equal to the sum of the total of the number of meals, by type, served to eligible children, multiplied by the applicable administrative meal rate.

2.5 Provide the required training and technical assistance.

2.6 Monitor Program operations in accordance with Program requirements.

2.7 Make adjustments to claims for reimbursement, as needed, when Contractor fails to comply with requirements.

2.8 Provide opportunity, in accordance with the requirements set forth at 7 CFR Section 225.13, to appeal actions taken by the Department that deny all or part of a claim for reimbursement, or suspend or terminate this Contract.

2.9 Billing and Refunds. Notwithstanding paragraph 13 of the Department's Terms and Conditions, if the Contractor is overpaid by the Department, the overpayment will be recovered by the Department from future payments owed the Contractor within the same period of operations. The amount to be recovered will be detailed in written correspondence with the Contractor and will meet the requirements set forth in 7 CFR Section 225.12. In the event that the overpayment is discovered after current year Program operations have ceased or after the contract is terminated, the Contractor will issue a check for the amount of the overpayment made payable to "Missouri Department of Health and Senior Services" within 10 days of official notification by the Department and will mail the payment to:

Missouri Department of Health and Senior Services
Division of Administration
Fee Receipts Unit
P.O. Box 570
Jefferson City, MO 65102-0570

3.0 Special Provisions

- 3.1 All applicable laws, regulations or rules specifically referenced in this contract, shall be included herein as if fully set out.
- 3.2 The Contractor shall comply with the Richard B. Russell National School Lunch Act, Sections 9, 13 & 14, as amended, 42 U.S.C. 1758 and 1761; 7 C.F.R. Part 225; Sections 191.810 and 191.813, RSMo; and 19 CSR 45-5.060.
- 3.3 If State and/or Federal funds are not appropriated, continued, or available at a sufficient level, or in the event of a change in Federal or State law relevant to this contract, the obligations of each party may, at the sole discretion of the Department, be terminated in whole or in part, effective immediately or as determined by the Department, upon date of certified mailing, facsimile, or e-mail of written notice to the Contractor by the Department.

SUMMER FOOD SERVICE PROGRAM – DHSS SITE VISIT FINDINGS FORM 1

SPONSOR		SITE		DATE
MENU AND MEAL SERVICE FINDINGS		NUMBER OF MEALS DISALLOWED	PLAN FOR CORRECTIVE ACTION RESPONSE IS DUE BY: _____	
<p>1.1 The <i>breakfast lunch snack</i> meal served on _____ was missing a <i>grain/bread milk fruit/vegetable meat/alternate</i> component. All meals served must meet minimum meal pattern requirements as outlined in the meal chart. Revise current menus to include all required meal components.</p> <p><i>Other meals missing components:</i></p> <p>Date _____ Component Missing _____</p> <p>_____</p> <p>_____</p>				
<p>1.2 The <i>breakfast lunch snack</i> meal served on _____ contained a non-creditable component. The meal contained a serving of _____. These items are not creditable for meal reimbursement. Refer to the Creditable Foods Guide and revise menus to include creditable meal components.</p> <p><i>Other meals with non-creditable components:</i></p> <p>Date _____ Non-creditable components _____</p> <p>_____</p> <p>_____</p>				
1.3 Menus did not always provide an adequate variety of foods. It is important to provide a variety of foods each day to ensure adequate intake of a wide range of nutrients. Avoid serving the same foods too often.				
1.4 Some of the children were not served all of the required meal components. All children must be served a complete meal or the sponsor must obtain documentation from a medical authority indicating the food(s) that must be omitted from the child's diet and the allowable substitutions for the omitted food. Incomplete meals served to children may not be claimed for reimbursement.				
1.5 Meals were served outside of the approved meal times. Meals served outside of the approved meal times may not be claimed for reimbursement.				
1.6 Children were observed taking potentially hazardous foods off-site. All potentially hazardous foods must be eaten on-site to avoid possible foodborne illness. Implement procedures to correct this problem.				
1.7 The site did not have a trained person available during the meal service. SFSP regulations require at least one trained person be on site during the meal service. Meals served at sites without trained personnel may not be claimed for reimbursement.				
1.8 Children were not at the site the day of the review. The site was either closed for the day or children were on a field trip. Sponsors must notify DHSS in advance of site closings and/or field trips. Meals served away from the approved meal site may not be claimed for reimbursement.				
Other Findings/Comments:				
REVIEW CONDUCTED BY: (SIGNATURE)			DATE:	
THIS REVIEW WAS DISCUSSED WITH: (SIGNATURE)			DATE:	

SUMMER FOOD SERVICE PROGRAM – DHSS SITE VISIT FINDINGS FORM 2

SPONSOR		SITE		DATE																	
PRODUCTION RECORD FINDINGS		NUMBER OF MEALS DISALLOWED	PLAN FOR CORRECTIVE ACTION RESPONSE IS DUE BY: _____																		
2.1	Production records did not always indicate the exact amount of each food item used. This information is needed to determine whether minimum portion sizes are being served. Production records must indicate, at a minimum, I) the food items used, ii) the amount of all food items used in package/container sizes and/or weight, and iii) the number of children and adults served.																				
2.2	Production records were not being maintained. Production records are a required record and must include, at a minimum, I) the food items used, ii) the amount of all food items used in package/container sizes and/or weight, and iii) the number of children and adults served. Failure to begin to immediately maintain production records will result in meal disallowances at the sponsor review.																				
2.3	The sponsor did not have CN labels available to document the meat/meat alternate contribution of processed meat products such as _____. Collect and maintain CN labels for review at the sponsor monitoring.																				
2.4	The amount of food prepared did not always meet minimum serving size requirements. Meals must provide minimum amounts of food as specified in the SFSP meal pattern to be claimed for reimbursement. Listed below are the meals that did not meet minimum requirements: <table border="1"> <thead> <tr> <th>Date</th> <th>Menu Item</th> <th>Amount Prepared</th> <th>Amount Needed</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>				Date	Menu Item	Amount Prepared	Amount Needed	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Date	Menu Item	Amount Prepared	Amount Needed																		
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_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
Other Findings/Comments:																					
REVIEW CONDUCTED BY: (SIGNATURE)			DATE:																		
THIS REVIEW WAS DISCUSSED WITH: (SIGNATURE)			DATE:																		

SUMMER FOOD SERVICE PROGRAM – DHSS SITE VISIT FINDINGS FORM 3

SPONSOR		SITE		DATE
SANITATION FINDINGS C = critical finding NC = non-critical finding		NUMBER OF MEALS DISALLOWED	PLAN FOR CORRECTIVE ACTION RESPONSE IS DUE BY: _____	
C 1	The expiration date on some of the milk was beyond the "use by" date. Check milk expiration dates to ensure the service of fresh milk. Destroy all milk that exceeds the "use by" date.			
NC 2	Food items in storage had not been properly labeled. Food that is leftover or that has been removed from its original container must be labeled specifying the contents and the date the food was placed in storage. Label and date all leftover foods and foods removed from their original containers.			
NC 3	Food items in storage were not properly wrapped or covered. Leftover food placed in storage must be tightly covered or wrapped to prevent contamination. Use plastic wrap, foil or a tight fitting lid to cover foods when storing them for later use.			
C 3	Food was not being held at the appropriate temperature. The _____ was _____ degrees F. Potentially hazardous food must be held at a temperature of 41 F or below, or 140 F or above to avoid bacterial contamination. The sponsor must implement procedures to ensure food is maintained at an appropriate temperature.			
C 3a	Food was left sitting at room temperature for more than 2 hours. All potentially hazardous foods must be stored below 41 F or above 140 F. Indicate actions that will be taken to correct this problem.			
C 4	The site did not have adequate facilities for the safe storage of meals. Sites must have adequate refrigeration and/or hot holding equipment to maintain food temperatures within a safe range, i.e., below 41 F or above 140 F. Equipment must also be adequate to ensure the security of food in storage.			
NC 4	Food temperatures were not taken by site personnel when food arrived at the site. Site personnel must take food temperatures to ensure that food has been properly handled and is safe for consumption.			
NC 5	Site personnel did not use proper procedures to take food temperatures, not were they aware of the food temperature "safety zone." Submit documentation to indicate that site personnel have been trained subsequent to the date of this review on food temperature requirements and on procedures for taking food temperatures.			
NC 6	The refrigerator and/or freezer did not have a thermometer. All refrigerator and freezer storage areas must have working thermometers to enable site personnel to monitor the temperature of the equipment. Obtain a working thermometer for the refrigerators and/or freezers.			
C 7	A potentially hazardous food was stored on a shelf above other foods in the refrigerator. To avoid cross contamination of food in storage, store all potentially hazardous foods on the lower shelves of the refrigerator.			
C 12	Employees were not observed washing their hands prior to the service of the meal, or after eating, drinking, using the toilet, or handling raw food. Indicate actions that will be taken to correct this problem.			
Other Findings/Comments:				
REVIEW CONDUCTED BY: (SIGNATURE)			DATE:	
THIS REVIEW WAS DISCUSSED WITH: (SIGNATURE)			DATE:	

SUMMER FOOD SERVICE PROGRAM – DHSS

SITE VISIT FINDINGS FORM 4

SPONSOR		SITE		DATE
MEAL COUNT FINDINGS		NUMBER OF MEALS DISALLOWED	PLAN FOR CORRECTIVE ACTION RESPONSE IS DUE BY: _____	
4.1	The site was not maintaining a point of service meal count. All sites are required to maintain a point of service meal count, meaning that meals are counted as they are served to the children.			
4.2	The site did not have adequate procedures in place to adjust the number of meals ordered/prepared on a daily basis, resulting in an excess number of leftover meals. Sites are required to adjust meal orders on a daily basis with the intent of serving only one meal per child. Meals ordered in excess of attendance may not be claimed for reimbursement.			
4.3	Meals leftover from the previous day were not properly recorded on the meal count sheets. To obtain an accurate count of meals served, site personnel must count all leftover meals from the previous day and record these on the meal count sheet.			
4.4	The number of meals served did not match the delivery ticket. The site supervisor is responsible for ensuring that the number of meals delivered to the site matches the delivery ticket by taking a physical count of the meals when they arrive at the site.			
4.5	Meal counting procedures used by the site did not yield an accurate count of meals served. Site personnel must be instructed on proper meal counting procedures to ensure an accurate meal count.			
4.6	Meal counts the day of the site visit were below the average count for the previous week. Meal orders must be adjusted daily with the intent of ordering/preparing only one meal per child. Excess meals may not be claimed for reimbursement.			
4.7	The site is consistently claiming more meals than were served the day of the review. Sites may not claim more meals than are served to children at any time. The maximum number of meals (meal cap) that may be served at this site is being adjusted downward to _____ meals. The sponsor may not claim more than this number of meals at this site unless the sponsor can demonstrate to the satisfaction of the Department of Health and Senior Services that an increase in meals is needed.			
4.8	There was an excess child to staff ratio at the site, indicating that there are too many program adult meals being served. Program adults are adults who are necessary to the food service, i.e., food preparation, service, clean-up, or supervision during the meal service. A recommended child to staff ratio is 15:1. The sponsor must provide an explanation for the service of excess program adult meals or must count the excess adult meals as non-program adult meals.			
Other Findings/Comments:				
REVIEW CONDUCTED BY: (SIGNATURE)			DATE:	
THIS REVIEW WAS DISCUSSED WITH: (SIGNATURE)			DATE:	

Tentative List of Commodities available for SFSP

Department of Social Services, Family Support Division, Food Distribution Unit expects to have the following available for the 2006 SFSP season:

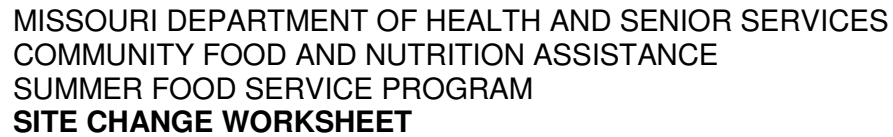
<u>COMMODITY</u>	<u>PACKAGE SIZE</u>	<u>CASE VALUE</u>
<u>ENTITLEMENT FOOD ITEMS*</u>		
A061 GREEN BEANS	6/#10 CANS	\$11.77
B065 CHEESE, SLICED, YELLOW	6/5# LOAVES	\$48.63
B473 PEANUT BUTTER, SMOOTH	6/5# CONTAINERS	\$17.62
<u>BONUS FOOD ITEMS*</u>		
A200 POTATOES, INSTANT, DEHYDRATED**	6/5# PACKAGES	\$18.32
A220 SWEET POTATOES**	6/#10 CANS	\$14.88
A365 CHERRIES, FROZEN**	30# CONTAINER	\$19.11
A409 PEACHES, CLING, DICED**	6/#10 CANS	\$16.67
A444 PINEAPPLE, CRUSHED**	6/#10 CANS	\$27.96
A470 FRUIT MIX**	6/#10 CANS	\$18.31
A942 BEANS, PINTO**	25# BAGS	\$6.40

* This is a tentative list and is subject to change

** Large quantities of these bonus items available. SFSP sponsors are encouraged to order as much as they can use during the summer.

Sponsors are encouraged to read the Food Distribution Unit's 2006 Commodity Newsletter for further guidance when ordering commodities for this summer. SFSP sponsors must submit ORIGINAL FORMS to Food Distribution Unit. To expedite the process, FDU will initiate orders based on faxed forms but SFSP sponsors are required to also submit the original forms as soon as possible. If original forms were not submitted in 2005, the SFSP sponsor will not be allowed to fax commodity forms in 2006.

If you have any questions or need additional information, feel free to contact Food Program Representative Bob Murphy at (573) 751-4328.

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SITE CHANGE WORKSHEET INSTRUCTIONS:

Sponsors are required to contact MDHSS-CFNA to report any site changes. Site changes can be reported using the [Site Change Worksheet](#). The Sponsor must notify MDHSS-CFNA if any of the following occur:

- Changes in meal service times
- Changes in meal types
- Increases in vended caps (i.e., estimated number of children to be served at each meal or snack service)
- Changes in operations—site closed, field trips, etc.
- Start/Stop date change
- Extending site operations
- Site closings
- Sites that were approved for operation, but never opened
- Changes in personnel—report changes of administrative personnel who serve as contacts to MDHSS-CFNA. Site supervisory personnel changes must also be reported to MDHSS-CFNA.
- Increases in the numbers served - if the overall number of participants served increases, report the new level to MDHSS-CFNA. Failure to do so could result in a loss of funds to which your organization could be entitled.

This information must be submitted to MDHSS-CFNA so the Sponsor's file can be updated. Failure to update this information could cause a claim for reimbursement to be rejected by the claims payment system and result in delayed and/or reduced payment.

The Sponsor must notify MDHSS-CFNA by 2:00 p.m. the day before the anticipated change is to take place. Failure to meet this deadline will result in disallowed meals. If a change is to occur on a Monday, the sponsor is required to notify MDHSS-CFNA by 2:00 p.m. on Friday afternoon. Keep copies of your Change Forms on file with other SFSP documentation.

In emergency situations, such as fire, flood, or transportation breakdowns, contact MDHSS-CFNA at 888-435-1464 as soon as possible, once the situation has been assessed.

The following changes CANNOT be done using the Site Change form.

- New site openings (*The Site Change Sheet CANNOT be used to open a new site. Sponsors must submit a [Site Information Sheet \(CACFP-1001\)](#) along with site eligibility documentation (school data or census data).*)
- If the site location changes (*The sponsor must submit a new [Site Information Sheet](#) prior to operating at the new location. Meals served at the new location may not be claimed for reimbursement until the site has been approved by MDHSS-CFNA).*)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM
ADMINISTRATIVE BUDGET REVISION

(Please TYPE or PRINT Clearly)

1. NAME OF SPONSORING ORGANIZATION	2. CONTRACT NUMBER												
<p>3. If the sponsor's level of site participation or the number of meals served to participants increases, the approved administrative budget may need to be revised. Failure to do so could result in a loss of funds to which the sponsor may be entitled.</p> <p>The Budget Revision must be forwarded to MDHSS-CFNA as soon as possible after the change is known and before the close of the site(s).</p> <p>Reason administrative budget needs to be changed (please check all that apply):</p> <p><input type="checkbox"/> Actual number of participants being served is more than the number originally estimated to be served. Attach a Site Change Form indicating the number of participants being served at each site by meal service type (breakfast, lunch, snack, etc.).</p> <p><input type="checkbox"/> Days of operation have been expanded. Indicate revised days of operation: start date _____ end date _____</p> <p><input type="checkbox"/> Site(s) have been added resulting in additional participants being served. Applications for new sites are attached or have been submitted to MDHSS-CFNA.</p> <p><input type="checkbox"/> Actual administrative expenses are greater than anticipated, in the following area(s):</p> <table style="margin-left: auto; margin-right: auto; border: none;"><thead><tr><th style="text-align: center; border-bottom: 1px solid black;"><u>Administrative Cost</u> <u>Category</u></th><th style="text-align: center; border-bottom: 1px solid black;"><u>Amount</u></th></tr></thead><tbody><tr><td style="border-bottom: 1px solid black; width: 60%;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="text-align: right; border-bottom: 1px solid black;">\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Other (please indicate) _____</p>		<u>Administrative Cost</u> <u>Category</u>	<u>Amount</u>		\$ _____		\$ _____		\$ _____		\$ _____		\$ _____
<u>Administrative Cost</u> <u>Category</u>	<u>Amount</u>												
	\$ _____												
	\$ _____												
	\$ _____												
	\$ _____												
	\$ _____												
<p>4. Indicate your revised SFSP Administrative Budget. Include all administrative costs for which you plan to request reimbursement.</p> <p>Revised Total Administrative Budget \$ _____ (Note: It is not necessary to revise the operational budget.)</p>													
SIGNATURE OF AUTHORIZED REPRESENTATIVE ▶	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">TITLE</td><td style="width: 50%; padding: 5px;">DATE</td></tr></table>	TITLE	DATE										
TITLE	DATE												
APPROVED/ENTERED BY (MDHSS USE ONLY)	<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 50%; padding: 5px;">TITLE</td><td style="width: 50%; padding: 5px;">DATE</td></tr></table>	TITLE	DATE										
TITLE	DATE												



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM

CLAIM FOR REIMBURSEMENT

1. CONTRACT NUMBER		2. VENDOR NUMBER		3. NAME AND ADDRESS OF SPONSOR		
READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING CLAIM						
4. MONTH AND YEAR CLAIMED		5. CLAIM PERIOD		(ATTACH LABEL HERE)		
____/____/____ ORIGINAL <input type="checkbox"/> REVISION (1,2,3, etc.) <input type="checkbox"/>		____/____/____ to ____/____/____				
6. DAYS OF OPERATION		7. AVERAGE DAILY ATTENDANCE				
MEALS SERVED TO PARTICIPANTS		CHILDREN MEALS			ADULT MEALS	
		FIRST MEALS	SECOND MEALS	NONPROGRAM / DISALLOWED	PROGRAM	NONPROGRAM
8. BREAKFAST						
9. LUNCH						
10. SUPPER						
11. SNACK						
REPORTED OPERATIONAL COST		REPORTED PROGRAM INCOME			REPORTED ADMINISTRATIVE COST	
12. \$		13. \$			14. \$	
<p>I certify that all sites for which approval has been given were operational during the month claimed and that there has been no significant change in projected administrative costs since submission of program application, receipt of advance payment or previous claim.</p> <p>I certify that all enrolled sites had 50% or more eligible participants for the claim period represented on this form.</p> <p>I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that this is in accordance with the terms of existing agreement(s). I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting herein.</p>						
15. SIGNATURE OF AUTHORIZED REPRESENTATIVE				TITLE	DATE	
<p>All records supporting claim for reimbursement must be retained and available for a future audit for a period of 3 years and the current year. No further monies or other benefits may be paid out under the Program unless this report is completed and filed as required by existing regulations.</p>						
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY						
OPERATIONAL	\$					
ADMINISTRATIVE	\$					
TOTAL	\$					
MDHSS SFSP AUTHORIZED REPRESENTATIVE					DATE	
REVISION PREPARED BY DISTRICT NUTRITIONIST					DATE	

INSTRUCTIONS FOR CLAIM PREPARATION	
1. Contract Number	The number assigned by the State agency and noted on the contract.
2. Vendor Number	The number assigned by the State agency and reported on the Vendor Input Form.
3. Name and Address of Sponsor	Attach preprinted labels included in the claim packet.
4. Month and Year Claimed Original Revision	The last month of operation reported on this claim. Report the last month on this claim if for more than one month. Check Original if this is the first claim submitted for this claim period. If this claim is a revision, enter the number of claims submitted including this one for this claim period.
5. Claim Period	Enter the first and the last date of operation for this claim.
6. Days of Operation	Total number of days in operation included on this claim.
7. Average Daily Attendance	Please leave blank.
TOTAL MEALS SERVED	
CHILDREN MEALS	
8-11 First Meals	Enter the total number of allowable first meals, by meal type, served to eligible participants for this claim month.
8-11 Second Meals	Enter the total number of second meals, by type, served to eligible participants
8-11 Non-Program/Disallowed	Enter the total number of meals served to children who do not qualify for the SFSP (i.e., camps). Enter the number of disallowed meals.
ADULT MEALS	
8-11 Program	Enter the total number of meals served to adults working or volunteering with the program.
8-11 Non-Program	Enter the total number of meals served to adults that are not associated with the SFSP.
PROGRAM COSTS FOR THE CLAIM MONTH	
12. Reported Operational Cost	Enter the sum of all documented expenditures associated with the preparation and service for all of the meals.
13. Reported Program Income	Include all funds received from any source, except USDA program funds, that were used to support the SFSP. This includes payments for adult meals.
14. Reported Administrative Cost	Report actual documented Administrative Costs incurred during this claim period. (Check approved administrative budget, revise if participation increases or expenditures exceed projections. REVISIONS CAN ONLY BE PROCESSED WHILE YOUR PROGRAM IS IN OPERATION.)
15. Signature, Title, and Date Prepared	Signature required for payment of claim.

ADVANCE PAYMENTS WILL BE DEDUCTED FROM CLAIMS FOR REIMBURSEMENT.

Mail or Fax Claim for Reimbursement to:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102-0570
Fax: 573-526-3679

Claim Deadlines

June Claim:

Original	August 29, 2006
Revised	September 28, 2006

July Claim:

Original	September 29, 2006
Revised	October 29, 2006

August Claim:

Original	October 30, 2006
Revised	November 29, 2006



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM
APPEAL PROCEDURES

Appealable Action [225.13 (a)]

- A denial of an application for participation.
- A denial of a sponsor's request for an advance payment.
- A denial of a sponsor's claim for reimbursement except for late submission.
- A State Agency's (SA's) refusal to forward to FNS an exception request by a sponsor for payment of a late claim or an upward adjustment claim.
- A claim against a sponsor for remittance of a payment.
- The termination of a sponsor or a site.
- A denial of a sponsor's application for a site.

Minimum Appeal Procedures [225.13 (b)]

- A certified written notification, return receipt requested, shall be provided to the sponsor or FSMC advising of the ground upon which the SA based the action.
- The notification shall indicate that the sponsor or FSMC may appeal the action.
- The notification shall include the time frame for appealing the action. The SA must establish this period of time at not less than one week nor more than two weeks from the date on which the notice of action is received.
- The sponsor or FSMC must have the opportunity to review any information upon which the action was based.
- The sponsor or FSMC must be allowed to refute charges either in person or in writing.
- Written documentation must be submitted by the sponsor or FSMC within seven days of submitting the appeal, must clearly identify the action being appealed and must include a photocopy of the notice of action issued by the SA.

Appeal Procedures [225.13 (b) (5-12)]

- If the sponsor or FSMC requests a hearing in its letter of appeal, it shall be held within 14 days of the date of the receipt of the request for review but not before written documentation is received.
- The SA and the sponsor or FSMC must be provided with at least five days advance written notice sent by certified mail, return receipt requested, of the time and place of the hearing.
- The review official must be independent of the original decision-making process.
- Within five working days after the hearing or after the receipt of written documentation if no hearing is held, the review official must make a determination based on the review of the administrative record, information provided by the SA's, the sponsor or FSMC, and Program Regulations and inform the sponsor or FSMC of the determination by certified mail, return receipt requested.
- The SA's action remains in effect during the appeal process. Participating sponsors and sites may continue to operate during an appeal of termination if the action is not based on imminent danger to the health and welfare of children. If the SA's decision is upheld, the sponsor will not receive reimbursement for meals served during the appeal process.

If you have any questions, please contact:

Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102-0570
1-888-435-1464

Tips for Increasing Participation at SFSP Feeding Sites: Ideas for Sponsors

As a sponsor, you play an important role in feeding needy children in your community. We want to support you in this role. This tip sheet provides practical strategies to announce your feeding sites in the community. One key to a successful program is sustained participation—getting kids to your site and keeping them coming back all summer long. These ideas have been successfully used by other sponsors so we are sharing them with you. For more ideas, resources, and information please visit the Summer Food websites at: <http://www.dhss.mo.gov/sfsp> and <http://www.fns.usda.gov/cnd/Summer>

- ☐ Customize the materials available at <http://www.dhss.mo.gov/sfsp/Publications.html> and at the back of this workbook to get the word out in your community. .
- ☐ Contact Bart Bushman, 303-844-0310 or Bart.Bushman@fns.usda.gov, about Eat Smart. Play Hard.[™] special events and posters featuring college wrestlers in partnership with the National Wrestling Coaches Association.
- ☐ Distribute flyers and site announcements to principals, school food service managers, local officials and others in the community.
- ☐ Have the school food service advertise Summer Food on their spring menus.
- ☐ Ask local government buildings to post flyers listing SFSP feeding sites.
- ☐ Before school lets out, ask the school district to send flyers home with the kids with a listing of feeding sites.
- ☐ Distribute flyers with all site locations and times of meal service to Food Stamp offices, WIC clinics, health clinics, food pantries and churches.
- ☐ Contact community groups that can help with door-to-door canvassing. These groups include church youth groups, Boy and Girl Scout troops, recreation centers, high school students completing a community service project, etc.
- ☐ Post flyers in public places such as grocery stores, libraries, post offices, buses and hospitals.
- ☐ Display a SFSP banner in a highly visible location at feeding sites.

Administered by the Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102

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SFSP



Make It Interesting!

WHY HAVE ACTIVITIES ALONG WITH MEALS?

Combining good meals with engaging activities will help sites in two ways:

- More children will come to the sites, thus increasing and stabilizing attendance and improving financial stability; and
- Well-nourished children will be able to take better advantage of the developmental opportunities offered in your activity program.

POSSIBLE ONGOING SFSP ACTIVITIES

If the site where lunches are served is in a park, public gymnasium, recreation center, YMCA, or Boys or Girls Club, the children can participate in supervised activities already in place (sports, crafts, playing on playground equipment, etc.)

If the summer meals site is located near a supervised public pool, children may be able to swim before or after lunch is served.



Non-profit summer camps can participate in the SFSP. Lunch would be a regular part of a child's day at camp.

If the summer meals site is located in or near a **public library**, librarians may be willing to devise a storytelling time for the children either before, during or after the lunchtime.

An award-winning summer meals site uses **table games, sports tournaments, movies, field trips, guest speakers, classes, and special events** to keep the kids coming back day after day.

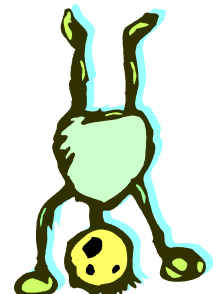
Devise an incentive program so that children will return each day. One suggestion is to solicit the donation of a bicycle. Then put a child's name in a fishbowl each day that he or she eats at the site. At the end of the summer, a name is drawn and the bike is awarded. Explain to the kids and parents that attending often increases their chance of winning.

POSSIBLE PERIODIC OR ONE-DAY ACTIVITIES

- **Invite a wrestler** to make a site visit as part of the Eat Smart. Play Hard.[™] partnership with the National Wrestling Coaches Association. Contact Bart Bushman, 303-844-0310 or Bart.Bushman@fns.usda.gov.

- **Local bookmobiles** may be willing to come to a summer meals site one or two days a week.
- **Musical entertainment** (singing, dancing, etc.); might be a good opportunity to briefly introduce kids to cultural experiences they've not had before (e.g. puppet show set to classical music; dancers reflecting the culture(s) of local residents).
- Large local churches often have their own **drama departments, contemporary musical groups, men's barbershop quartets**, etc. Invite them to come perform.
- Consider inviting a **local or national sports hero or celebrity** to stop by before or during lunch. Attention should be given to choosing someone whose lifestyle reflects good choices and good character and it would be nice if they'd stay and eat with the kids. Might be a good idea to let the local paper or TV station know about the visit. Could provide an opportunity to inform the public about the SFSP and get some publicity for meal sites.
- Ask **local fire department** (with their trucks) or **police department's DARE** (drug awareness and prevention) unit to visit before or during lunch.
- **Local artisans** could be invited to come and show the kids how to use a pottery wheel and make clay pots, how to dip candles, etc.
- **Storytellers** could tell a tale.
- A **children's comedian** could do a brief routine.
- The local zoo could set up a **small-scale petting zoo**.
- Contact the **county's agriculture extension agent** and see what they have to offer. Agriculture extension agents exist to educate the public. They often have presentations and **activities geared toward kids** and they are usually eager to come make a presentation or do a demonstration (on topics such as: good nutrition, where does our food come from?, window box gardening, the environment and conservation, urban wildlife, insects, developing good character, etc.). The extension service can also provide other suggestions or materials.
- **Ask local schoolteachers** to suggest interesting, simple and low-cost **crafts** or activities for children. Perhaps sponsors or site managers could enlist a few volunteers to seek donations of the art or other supplies needed.

Visit <http://www.dhss.mo.gov/sfsp> and <http://www.fns.usda.gov/cnd/Summer> for more ideas and information about the Summer Food Service Program. Visit [http://www.dhss.mo.gov/Nutrition Children](http://www.dhss.mo.gov/Nutrition_Children), <http://www.dhss.mo.gov/mnn>, and <http://www.fns.usda.gov/eatsmartplayhard/default.htm> for nutrition education resources and activity ideas.



Summer Food Service Program

Food That's In When School Is Out

Hey Kids and Teens*...

Join us for Nutritious Summer Meals at No Charge



**Power Panther
says, "Eat
Smart, Play
Hard."™**

Activities:

Where:

When:

Meals and Times:

Days of the Week Meals are Served:

***And eligible disabled adults over 18.**

Eligible disabled adults are those who are determined by a State educational agency or a local public educational agency of a State to be mentally or physically handicapped and who participate in a public or non-profit private school program established for the mentally or physically handicapped.

For more information call:

or 888-435-1464 for a site near you.

Or check out <http://www.dhss.mo.gov/sfsp>.

Administered by the Missouri Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102.

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USDA is an equal opportunity provider and employer.

EXTRA! EXTRA!
SUMMER
MEALS
FOR KIDS

FREE



Free nutritious meals to all children aged 18 and younger and eligible disabled adults at participating sites.

NO FEE
NO REGISTRATION

Place:

Time:

Days:

Months:

For more information call:

or 888-435-1464 for a site near you

The USDA is an equal opportunity provider and employer.

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